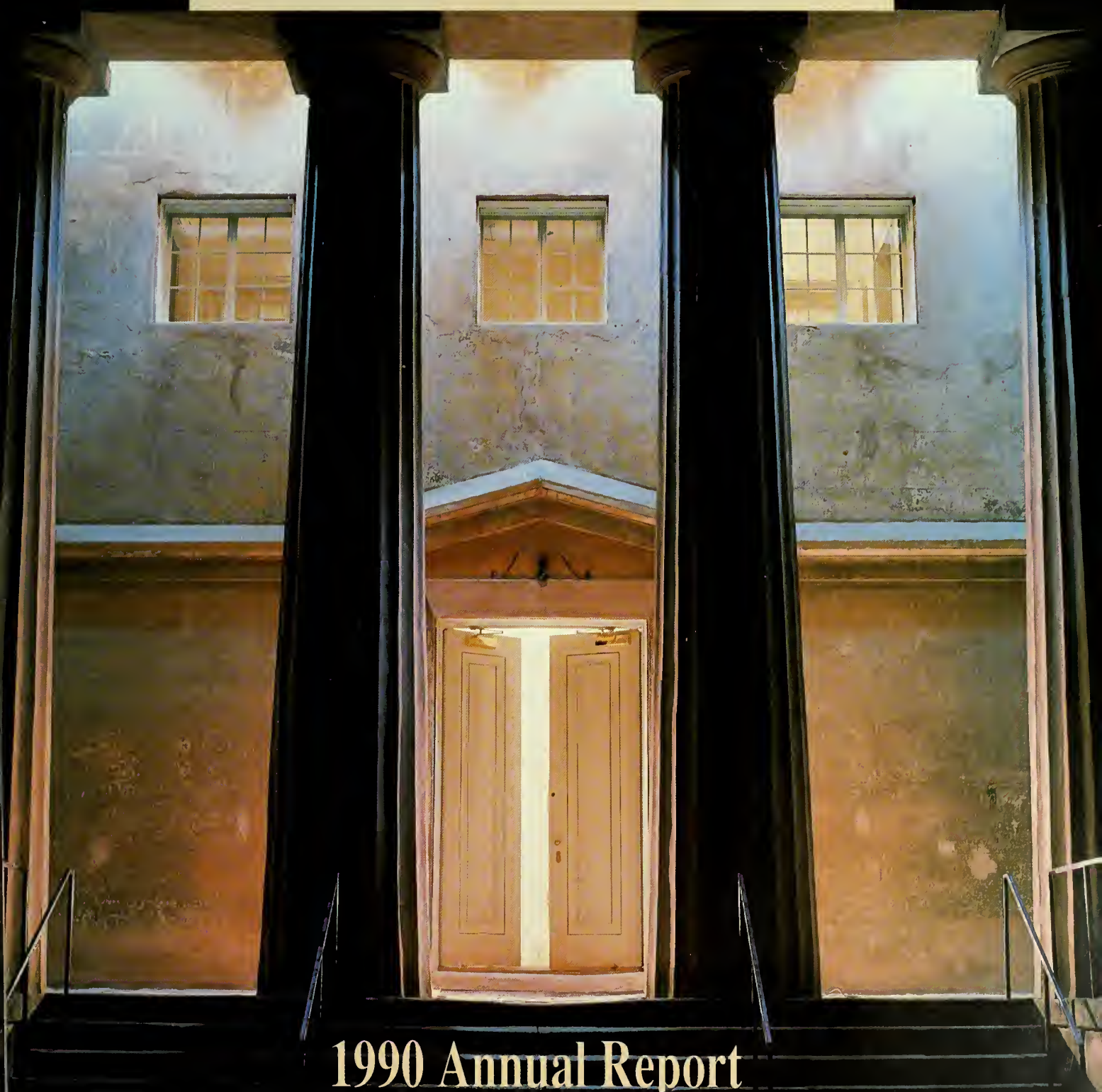
THE MEDICAL COLLEGE OF GEORGIA
The Health Sciences University of the State of Georgia

Today

USPS 867340 Volume 19, Number 1, Fall 1990



1990 Annual Report

Introduction

Few see a detour as a sign of progress. Yet any recent visitor to Harper Street has an immediate visual impact of MCG's tremendous growth. The construction of the ambulatory care/specialized care center is ahead of schedule and has already changed the campus skyline. The campus has also expanded to include the Sears building. These new acquisitions will allow MCG to consolidate its functions for more effective service.

Campus planning includes a children's medical center along Harper Street with the School of Nursing relocated to the Family Practice Building on Dent Boulevard, and a research building on the site of the Rinker Building which is sandwiched between the Research and Education Building and the Outpatient Building. These tangible indicators of MCG's growth and goals only hint at the vitality of the institution.

The 1990 annual report edition of *Medical College of Georgia Today* is a sample of the accomplishments of the MCG family during the past year in research, education and patient care.

In the research arena, you will read about a nursing researcher's study of AIDS patients' stress and how to help relieve it. You will also read about the 25th anniversary of the Ph.D. program in endocrinology and how MCG researchers gained new understanding of reproductivity. You'll read about how Dr. Virendra Mahesh, chairman of physiology and endocrinology, lived those 25 years and how he continues to perpetuate endocrine research through the training of others.

Dr. Arlie Mansberger, retiring chairman of the Department of Surgery, is also featured in this issue. His legacy as an academic clinician is long and proud. He considers his finest hours to be those spent training new generations of surgeons. This edition highlights one of his department's most recent contributions: implementation of the residency program in emergency medicine.

Meet one of those residents, a dedicated young man who tends to everything from insect bites to gunshot wounds, often in a single night. Such is life in the emergency room—and he loves every pulsating minute of it.

His work often involves life-and-death situations, but not all our patient services are so grave. The School of Dentistry's Department of Restorative Dentistry, for example, can create dazzling smiles with techniques detailed in this magazine.

Be sure to read the update on the recently completed renovation of the Old Medical College building. What a great source of pride for our alumni and what a tremendous asset for the entire Augusta community. This classic structure is one more tangible symbol of MCG's triumphant entry into the new decade that also heralds its readiness for the next century. ■

Sincerely,

Francis J. Tedesco

Francis J. Tedesco, M.D.
President, Medical College of Georgia

THE MEDICAL COLLEGE OF GEORGIA
The Health Sciences University of the State of Georgia

Today

USPS 867340 Volume 19, Number 1, Fall 1990

Contents

2 / The Winning Edge
Dr. Arlie R. Mansberger Jr., retiring chairman of the MCG Department of Surgery, reflects on a productive past.

5 / Emergency!
The School of Medicine's new emergency medicine residency program prepares physicians for the place that never sleeps.

8 / Looking Like a Million
MCG's Department of Restorative Dentistry can transform flawed smiles into flashy smiles.

9 / Home Bleaching: A Whitewash?
Is unsupervised home bleaching the route to brighter teeth? Dentists say no.

10 / For the Love of Science
Dr. Virendra Mahesh's dreams culminated 25 years ago with the establishment of an endocrinology doctorate program.

11 / A Surge of Life
An endocrinology fellow is probing the hormonal foundation of reproductivity.

13 / An Enlightened Journey
A portable computer system leads surgeons down the most direct and benign path through the brain.

17 / AlumNews
News from the alumi associations.

33 / Bringing History to Life
The renovated Old Medical College building must be experienced to be appreciated.

34 / Tapping the Torrent of Anguish
A nursing school researcher is seeking ways to mend AIDS patients' tattered emotional lives.

36 / Medical College of Georgia Hospital and Clinics Annual Report

40 / Benchmark
A thank you to all who gave to the Medical College of Georgia in 1989–90.

Executive Editor: Dr. James B. Osborne

Director of Marketing and Public Relations: George H. Foster

Editor: Christine Hurley Deriso

Art Director: Brent D. Burch

Photographers: Phil Jones
William Willner
Cheryl Nichols

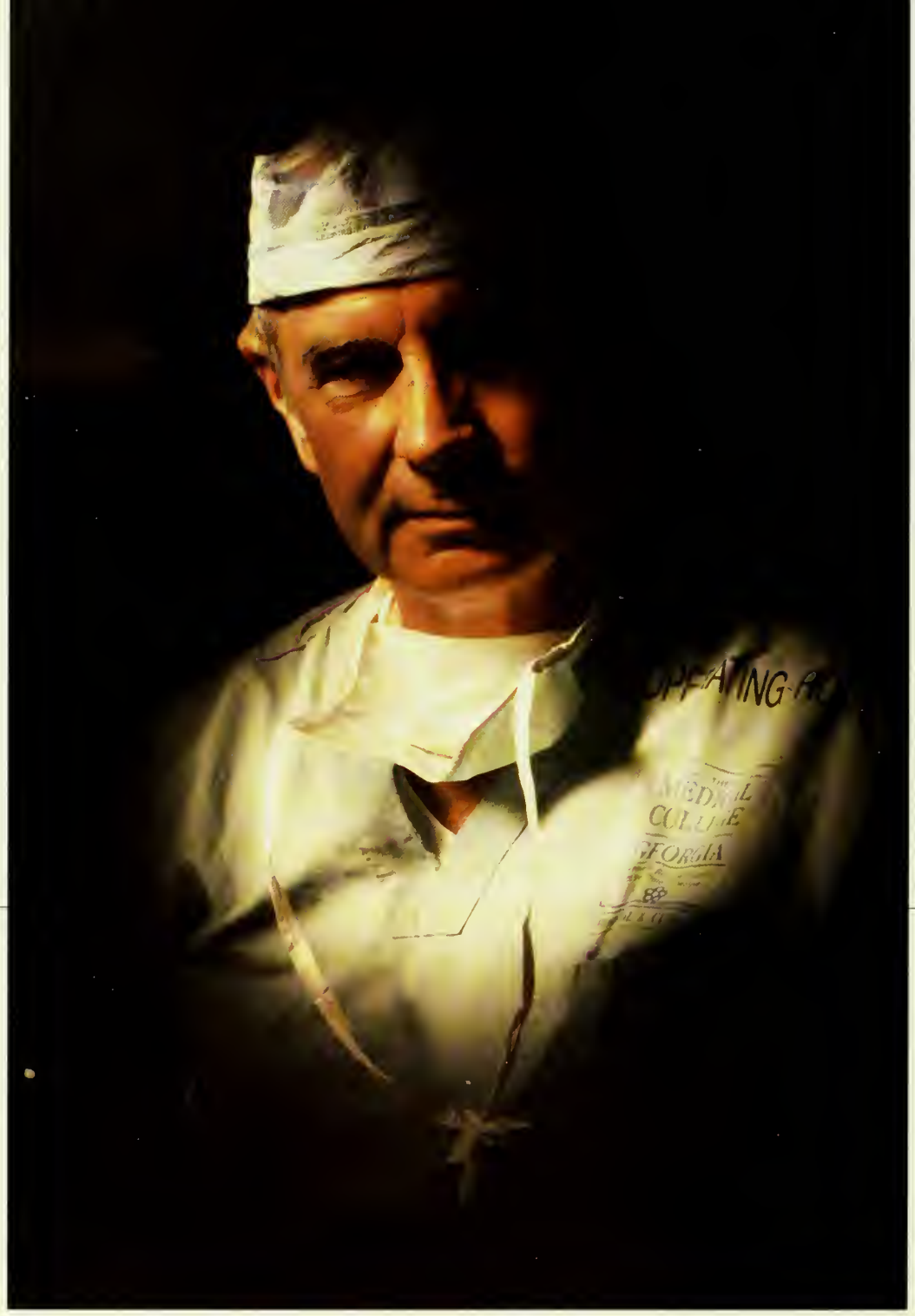
Postmaster

Send address changes to:

Data Update Office
FI–100 Alumni Center
Medical College of Georgia
Augusta, Georgia 30912

The Medical College of Georgia is the health sciences university of the University System of Georgia. Focusing on health care education, research and patient care, the Augusta-based institution consists of MCG Hospital, more than 80 support clinics, statewide outreach programs and the Schools of Allied Health Sciences, Dentistry, Graduate Studies, Medicine and Nursing.

Medical College of Georgia Today (USPS) is sponsored by grants from MCG Foundation, Inc. and the MCG School of Medicine Alumni Association. It is produced by the Divisions of Institutional Relations and Health Communications; Medical College of Georgia; Augusta, Georgia 30912. Published quarterly, it is furnished to alumni and friends of MCG without charge. Second-class postage is paid at Augusta, GA.



The Winning Edge

He likens a surgeon to an athlete.

There's a time for each when that edge is lost.

The same is true, he says, of a department chairman.

That at a certain point, it's time and then it's past time.

Dr. Arlie R. Mansberger Jr. wants to get while the getting is good.

He leaves his post of 18 years as chairman of the Medical College of Georgia Department of Surgery with some sage advice about the future and some interesting musings about the past.

"When I came, this where we are sitting was a parking lot," he said from his fourth-floor office in the Sydenstricker wing of MCG Hospital and Clinics.

"Across the street was a swamp filled with stones for people to park," he said of what's now the Downtown Division of The Department of Veterans Affairs Medical Center. "The (old Talmadge) hospital was a dungeon. It had black tile on the floor, dark green on the side walls, recessed light bulbs, four patients in one room, one bathtub per nursing unit."

There was no emergency room, no emergency medicine residency program, no Level I trauma center, no plastic surgery, no otolaryngology, no epilepsy surgery, no designation of things like vascular surgery and surgical oncology and so on.

Outside his office window today, two buildings are taking shape on the skyline. One will house an expanded emergency room, Level One trauma center and several new, larger intensive care units. The other will house the busy clinics of thriving sections such as plastic surgery and otolaryngology.

Down the fourth-floor hospital hall, work on the old Talmadge wing soon will yield a refurbished 20-bed general medical surgical unit, a 10-bed transplant unit and more office space for his surgical faculty without a sign of recessed light bulbs or black tile.

The times, they are changing.

"I think the first thing needed here was to enhance the clinical programs and the teaching programs and then expand the research aspect," he reflects.

"You had to put your emphasis, in my opinion, on recruiting faculty that were good clinicians and known to be good teachers. I think we have done that successfully." This year more than 400 people from 40 states applied for his department's five surgical residency openings.

And he tried, but found little past support, for a strong research program as well.

But as he eyes a late March retirement and thinks about a new chairman, there finally is a research infrastructure for surgery—a support system that will help make space, equipment, expertise and money available. "It's new, but it's approved and established.

"So I will have at least started to fulfill all the things that were my general goals when I walked in here 18 years ago."

Not too shabby for the product of a small mining town near Pittsburgh where the family doctor made house calls and big impressions on a boy who seemed more inclined toward athleties than academics.

He would spend a large slab of his life at the University of Maryland School of Medicine, first as student, then as a surgery resident. With one eye on a general surgery practice, he then headed to the Walter Reed Army Institute of Research to meet his obligation to the U.S. Army.

"At Walter Reed I was in a very stimulating environment where we did clinical work, but we also did research. I said to myself, 'This is fun.' Because I felt like I was contributing to the body of knowledge.

"But I still like to operate and I still like to see patients and I still like to teach, and I said, 'Where can I do that? The answer is obvious. You can do it in an academic center if you get in the right academic center.'"

Back to the University of Maryland.

There he joined Dr. Robert Buxton as the only other full-time faculty member.

Those were some innovative times at the first medical school south of the Mason-Dixon Line. He played key roles in developing this country's first trauma center and surgical techniques to care for those patients.

The only times Dr. Mansberger spent administrating was the one month each year Dr. Buxton was away and the two weeks each year the two did everything from ordering pencils to tallying surgical complications to get ready for the budget.

Ironically trauma took the life of Dr. Buxton.

Dr. Mansberger was thrust into administrating all year long.

"In those days, and I hope it's still true in these days, virtually everybody that went into academic medicine had a long-term goal of being chairman. The chairman had the ability to control the destiny of the department, given support. I think most people would like to have a chance to build and to lead."

But Maryland's chairmanship was filled from the outside.

Dr. Mansberger found his chairmanship and a home at the Medical College of Georgia.

Eighteen years later he seems a satisfied and realistic man.

"Most of the changes that I have been able to make over the years I have done, at least many of them, on the advice of other people within the department. When they work out and when they work out to be not only change, but progress as well, then the academic community recognizes, hey, good things are going on in this department at this institution.

"No matter how much I tell people that this was so-and-so's idea, they still say, 'Hey, you are chairman of the department and it reflects credit.' So it seems to me one of the successful ways to manage or be a department chairman is to look over the problem, set future goals, recruit good people, charge them with those goals and then support them to accomplish those goals and not micromanage."

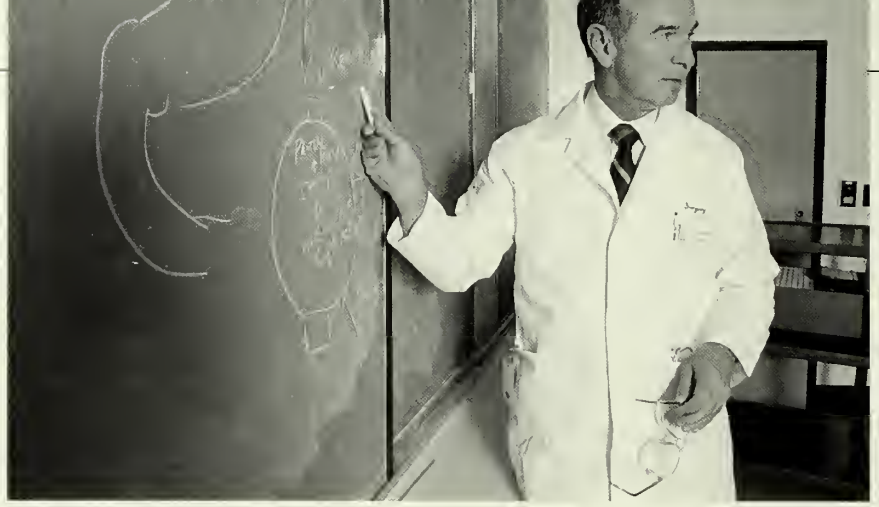
Yes, he has his list of undone things.

"I would like to have several (more) thriving programs at this point in time. I would like to have cardiac transplantation. I would like to have pancreatic transplantation. There is good reason for that." The federal government says it will one day only recognize transplant centers, not transplant programs. MCG has a 22-year-old kidney transplant program within its surgery department. "(The federal government's) already been in the numbers game and it seems to me they are going to get increasingly in the numbers game.

"Right now we really should have a urology diagnostic center. That's not my idea. Roy Witherington (chief of the section) wants a urology diagnostic center.

"If I had my druthers," the research effort would be farther along, with each section having a person responsible for the research efforts of that section, he says. These people would be molecular biologists because "I think a good bit of the future, from the standpoint of not only diagnosis, but also therapy resides in molecular biology. Genetic programming, for example."

He'd just been reading about the first group given permission to do therapeutic genetic alteration. "So as people probe and look at each chromosome and the genetics and alleles on those chromosomes and then come up ultimately with the ability to (make) those genetic



changes and prevent the disease from occurring ... I really think the future in that regard is exciting. I think we do need research. We need to expand our research effort and I'd like for the Department of Surgery to be in the forefront of it. So one of the things I would like to see, for example, is to have a very strong section of surgical research with current emphasis on molecular biology and immunology."

Here comes the hard-line realism.

"Can a single individual be effective in doing administration, in teaching students, in training residents, in taking care of patients in sufficient numbers to generate income for the institution over and above his cost?" And in writing protocols, developing a good laboratory base, attracting extramural funds, serving on institutional committees and serving on national and regional committees to enhance the fame of the institution?

"The answer to me is no. The day is gone when you have people who do all those things. In order to accomplish all three legs of the stool, if you will, research, education and patient care, the institution is going to have to have more people. Those people are going to have to have space. And those people who are recruited to do research have to have not only space, but equipment, startup funds, etc. That all costs money."

So that what is left undone is nobody's overnight explosion. It must grow on a solid base.

Still, Dr. Mansberger worries about the possibility of an uneven stool and about education coming out the short leg.

He does not know what else to call it other than competitive, the current strivings for patient care dollars and research dollars.

These are efforts that take faculty time away from the student and the resident.

"Where do you reach the happy medium? I think these are all questions and problems that are going to have to be faced.

"Idealistically, and I think the institution is doing this, they are setting long-term goals, five-year goals, and it will be a better institution if it recognizes it can't be all things to all people, determines those goals, gets everybody who works in this institution working toward those goals and thus is able to accomplish meaningful goals and contributions."

Without this unified approach, there will be progress, but not the same kind of progress, he says.

And what does the state of Georgia expect of its medical school anyway?

"They want this school to produce physicians, superb physicians, well-trained, caring physicians who go out and deliver excellent care to the people of the state of Georgia. That's what justifies your tax dollar. So, if you believe as I do that the biggest educational impact is preceptorial, then you must maintain a strong clinical base of physicians and surgeons who care for patients and demonstrate good care and act as examples for students.

"This is the guts of education. Research must progress at this institution because it is the future of the delivery of health care and the future of education. But you cannot sacrifice one for the other."

This philosophy must start at the top.

"A strong research background is fine in a new chairman. I think that is where the school is going, I think that is where the university system is going."

But Dr. Mansberger says that one thing the new chairman should never give up is surgery.

"There are surgeons who never operate and that's particularly true of some chairmen," he said. "This institution does not need somebody who doesn't know how to operate or won't operate. First of all you need the respect. If they don't like you, they've got to respect you if you work harder, if you are honest and if you do everything you ask them to do. And, maybe a little bit more. Surgeons that don't operate have lost part of the battle before they start."

He has more advice for his successor.

"The second thing is you have to be willing to educate yourself because your decisions have to be based on the character of the institution, the goals of the institution and the character of the people employed by that institution."

And ideally, the new chairman should be a people person and a listener. "I think, and I don't do enough of this, you have to listen and not have pat answers for everything. The best deans that I have ever worked with are people who will listen to a problem, didn't give you an immediate response, thought out the answer. Thought it out in such a way that if they told you no, they had a reason for telling you no. The deans that I have not liked are the ones that had the answer to your problem before you had the problem out."

He's seen a good representation of the listening sort at MCG with former MCG medicine dean Dr. Fairfield Goodale and with the current dean, Dr. Gregory L. Eastwood.

He wants to see more in the future.

And he is willing to be a part of that future, if he's needed.

But he's also the kind of guy who wouldn't want even a whisper that he was trying to interfere.

Because Arlie R. Mansberger Jr. is walking out of the Medical College of Georgia, but he will never walk out on it.

"I'm going to sit out there and watch it progress, not only clinically, but become an outstanding academic center as it progresses clinically and as its research efforts unfold and they put it all together. That is going to be a sense of real satisfaction to me.

"Three months after you're are out of there life goes on. That's just the way life is. I don't expect people to remember my name. I don't want them to remember my name."

Do some math, 18 times 180 medical students plus 18 times five surgery residents and come up with a sum he will always remember.

"My name isn't going to be on their backs. But I'm going to have the satisfaction that part of me, some part of me, lives on in all these people that you had some little effect on in training."

They may not remember exactly that it was Dr. Mansberger who taught them the anatomy of whatever.

"That's fine."

Just so they learned it. ■

—Toni Baker

Emergency!

A nine-hour shift tells the story.

A young woman is back again this Thursday evening, dizzy with a headache and diarrhea. She'd been taking the antibiotics she was given two days before in Emergency Services at the Medical College of Georgia Hospital and Clinics.

But today she almost passed out.

It's 6:15 p.m.

A few doors down, a father has brought his child from a small town in south Georgia. The child has testicular pain and swelling.

Within the hour a patient arrives from Georgia Regional Hospital, a state psychiatric facility. The woman does not know the year or the president and she may have lupus or meningitis.

A few doors down is a child who stuck a stick in her eye.

As the night progresses there is an adult patient who cut himself down to the muscle with a box opener. Another adult has severe swelling of his legs. This man also happens to have been born as a mirror image of the standard patient—all of his organs are on the wrong side. He's been coming to MCG since he was 9.

Another young man appears to have sprained his hand—yesterday.

Ten minutes later, someone limps in with one shoe off.

Then there's the child with a scalp laceration who says that someone threw a rock at him.

There's a baby with an eye infection, a patient with a recurring rash, a construction worker with a chemical burn to the eye, an older man who is a heavy smoker experiencing shortness of breath.

At 2 a.m., the shift is theoretically winding down but there's a gunshot wound to the buttocks on the way in.

Dr. Kyle E. McCausland likens this life in the emergency room to a roller coaster ride.

And he's decided never to get off.

Dr. McCausland is an emergency medicine resident, one of the first six who started the School of Medicine's newest residency program in July 1989. The program is one of about only 70 of its type nationwide.

"I like the variety very, very much. You do little simple things like a suture

removal which doesn't require a lot of brain power. It just takes a little physical work. Then you go into something that is a little bit more complicated. Like somebody who is having cardiac problems or a vague complaint that you really have to dig for answers," said this 31-year-old son of a nurse and a farmer.

His mother probably was a role model for the health care professions.

His father told him definitely to forget farming.

So Dr. McCausland pursued an undergraduate degree in animal science from West Virginia University with one eye on veterinary school and the other on medical school. "I like people a little more," so he went to West Virginia University Medical School.

Then what?

He took a transitional internship at Roanoke Memorial Hospital in Virginia with an uncertain eye on his future. Late in that year he rotated through the emergency room and into his future.

By the time he experienced the emergency room it was too late to get into the small number of programs in the relatively new area of emergency medicine residency programs.

So he ran an urgent-care clinic for a year in nearby Blacksburg, Va., where he made the decision that it was time for a decision.

He came to Georgia to work for a large physician group that staffs emergency rooms.

It was at Newnan Hospital emergency room that Dr. McCausland secured the fire in his belly.

And that's just what Dr. Daniel F. Ward was looking for.

"There's variety. It's the human condition," said Dr. Ward, medical director of emergency services and director of the emergency medicine residency program at MCG.

"You've got everything from humor to tragedy. You bounce about in there. Everything from pathos to whatever. From the trivial to the tragic from one moment to the next."

It's an intense slice of life that MCG has really only served up for about 10 years.

Dr. Arlie R. Mansberger Jr., chairman of the MCG Department of Surgery, recruited Dr. Ward as the first chief of emergency services in the late 1970s about the time he recruited the first chief of trauma/surgical critical care.

He had his eye on developing strong programs in these two hot areas of medicine.

July 1, 1989, MCG added a new dimension to its emergency services with the residency program that is a joint endeavor with the busy community emergency room at University Hospital in Augusta.

It's a three-year program residents begin after completing one year of postgraduate training that exposes them to both medicine and surgery.

"That's one of the reasons we set our selection process at the second-year level. We hope to be able to find people with a little more exposure to the emergency room and who feel like their lives are unfulfilled without it," Dr. Ward said.

Once in the program, emergency medicine residents rotate through services such as cardiology, anesthesiology and critical care medicine as well as the emergency room to get the vast exposure they need for the variety of problems they will see as emergency medicine physicians.

"They must be able to handle whatever walks through the door," Dr. Ward said. "They must be able to handle trauma, heart attacks and they must be able to handle pediatric resuscitations.

"What we do is we train people for very special circumstances. Part of it is the approach, the organization, the thought processes that go into evaluating these things. They learn to separate the serious from the non-serious," he said.

"We think we can demonstrate that we provide better care than non-emergency-trained people," said Dr. Ward.

"There's nothing magic about it. It's simply hard work and organized training."

Dr. McCausland echoes that thought.

"What you try to do is to keep in your mind the differential diagnosis as far as what possibly could be the worst thing this patient could have.

"Then you basically go down your check list, starting with the worst possible scenario and working backward.

"You rule out all the things that could possibly kill this patient between now and tomorrow morning. If any of those are positive, they come in the hospital or you get the appropriate doctor to treat them that night," the resident said of the gatekeeper role.

"The sickest patient gets the first care," Dr. McCausland said of the triage system which determines who gets care first and which sometimes gives emergency rooms bad names because of long waits.

"If you are here with a minor problem and you get upset waiting four hours then maybe you should have taken that (problem) to the clinic earlier in the day or

tomorrow. Because I will see you, but I will do if after the worst ones."

Some of the faces become all too familiar in this place that never sleeps.

"We've got regulars. You do get to know them and actually some of them you do get to like," Dr. McCausland said.

And many of those repeaters never follow through with doctor's orders.

"A person has a certain responsibility to himself. We can only help him. But at the same time you have to think about why they didn't do it," the resident said. Maybe they didn't have the money to get a prescription filled. "You have to have compassion, but at the same time you can't just let them run in here for every little thing and you have to make the point that we can help them if they are going to help themselves also."

By July 1991 MCG will have a total of 18 residents training in this special area of medicine where supply is not keeping pace with demand.

"We are not replenishing ourselves," Dr. Ward said. "The number of boarded emergency medicine physicians is actually shrinking in spite of a growing number of residency programs because of people retiring earlier, because of burnout, that sort of thing," he said.

But for people like Kyle E. McCausland, the life and times of emergency medicine seem made to order.

"This is what works for me. I like to be able to see, make decisions very quickly and as accurately as possibly I can and treat. As a rule, the type of person that goes into emergency room medicine is a person who likes to do things quickly and make decisions promptly."

That includes getting to know his patients and their history.

"First of all you look at a lot of things," Dr. McCausland said. "The age of the patient. What the patient's complaint is. That's in the nurse's notes. So you have a little bit of an idea before you go in about what things it could be. A lot of times you get in there and ask the patient what the problem is and sometimes it's completely different from what he or she told the nurse," he said.

"Maybe the nature of the problem was too embarrassing. Once you get it in your mind what it could be, then you ask questions that will help you work through the differential diagnosis, narrow it down more. Obviously there are some questions you ask younger females vs. older females and younger men vs. older men and women."

So he asks a lot of questions and sometimes, when he worries about the answers, he might do a test to confirm or deny a lingering concern.

This night, he's doing a pregnancy test on the young woman with dizziness and cramping. She says she had a tubal ligation and that she should not be pregnant, but even so he's concerned about an ectopic pregnancy and wants to rule that out of his mental checklist of things that may be wrong.

Because sometimes the seemingly benign can be potentially serious.

He remembers another patient who came in with a tiny cut that appeared insignificant. But after talking and talking with the patient and three or four visits in the room he learned the patient was a hemophiliac.

"After the nurse wasn't there, just me and his wife, the wife said, 'Well doctor. There is something here we need to tell you. We didn't tell you because every time we tell people they get upset because they think he has AIDS and they don't want to treat him.'"

But he also remembers someone who came to the emergency room because he stepped on a tack and he was so scared of blood he wouldn't look at it.

The most he could do for that patient was reassure him he wouldn't bleed to death.

—Toni Baker

Looking Like a Million

She has a million-dollar smile. Well, it looks like a million.

Gail Miller, a dental assistant at the Medical College of Georgia's School of Dentistry, always took good care of her teeth, but she was never happy with them, until they were reshaped through cosmetic dentistry.

Her front teeth on the top overlapped and her laterals (the teeth next to the front two) were small and malformed. Three years ago, she decided cosmetic dentistry was the answer for her.

"I never liked the way my teeth looked before," she said. "And I didn't need braces, because my teeth were properly aligned, so I decided to investigate cosmetic dentistry."

Dr. Henry Williams, professor of restorative dentistry and director of dental ceramics at the MCG School of Dentistry, corrected her overlapping front teeth by recontouring them. He removed the part of the teeth that crossed, then bonded a tooth-colored material to them to make them look the same size and properly positioned. He also bonded material to her undersized laterals to make them match the other teeth in her mouth. Finally, he changed her gumline slightly.

"The whole process was really painless," she said. "The only time I even needed local anesthetic was when he fixed my gumline. None of it hurt at all."

To say Gail is pleased with the results is an understatement.

"I think I noticed my teeth more than anyone else, but it was bothering me, so I decided to do it. It's made a great difference to me, in how I feel.

"As a matter of fact, it made such a difference to me that my daughter noticed and last year she had the gap between her front teeth and her pegged laterals fixed, too."

Many people are self-conscious about their smile for reasons ranging from a chipped tooth to malformed or stained teeth. Most of them could feel better about themselves with cosmetic dentistry treatment, according to Dr. Williams.

MCG's Department of Restorative Dentistry trains dentists to perform such procedures. The program, begun in 1977, requires a one-year residency.

"If someone is unhappy with their smile, they may convey shyness or a poor self-image," he explained. "A pleasing smile projects warmth, confidence—it makes you look and feel better."

Teeth that a patient find unattractive are often actually in good condition and can be easily restored by a dentist familiar with the techniques. Many dentists are experienced in a variety of cosmetic dentistry procedures, according to Dr. Williams. And, depending on exactly what the patient would like to have done, his own dentist may be able to treat him.

"Many people have had consistent, good dental care for years and they have good functional teeth, but when they come in, they are very unhappy with the way their teeth look," he said. "That's where we can often help them."

Cosmetic dentistry can help many people who have cracked, stained, chipped, slightly crooked, gapped or even decayed teeth. Treatment options include orthodontic treatment, recontouring teeth, replacing missing teeth with crowns, bridges or implants and bonding materials onto teeth. There are two types of bonding, and the particular process used depends on the problem being corrected. The dentist may use a direct composite

veneer, which is applied directly to the teeth, or to construct larger areas, he may use a porcelain or composite indirect veneer, in which a lab builds the tooth part and the dentist bonds it to the tooth.

Another treatment option is bleaching, one of the recent popular treatments, according to Dr. Williams. Teeth may be stained due to heredity, medication, excessive fluoride, foods, caffeine or smoking, and bleaching can brighten teeth by removing many of these stains.

Dr. Mike Callahan, a general practice dental resident at MCG, decided to have his teeth bleached.

"Over the years, my teeth had gotten stained, especially from coffee," he said. "I just didn't like the way they looked very much anymore."

Teeth are bleached at home under a dentist's supervision. The dentist makes a small, clear plastic mouthguard that exactly fits the patient's teeth. The patient puts a bleaching liquid in the mouthguard several times a day and the teeth gradually become lighter.

"This isn't really a bleach in the sense most people think of bleach," Dr. Williams said. "It really is an oxidizing agent which brightens teeth, not at all related to Clorox or any of those."

Mike wore the mouthguard containing the brightening solution several hours a day for a few weeks, although Dr. Williams said that time has been reduced now to approximately two weeks.

"I wore it constantly for a week, then I wore it just a few hours a day for about another four weeks," Mike said. "The mouthguard is so thin that you hardly realize you have it on, and other people often don't see it, either."

It didn't take long to make a difference.

"I started seeing results in about two and a half days, and other people started noticing in three or four days," he said. "I really didn't realize how much of a difference bleaching would make for my smile."

Dr. Williams saw Mike once a week while he underwent the bleaching process to monitor the amount of lightening and check for any problems. Complications are very rare, but some people are sensitive to the substances used to bleach the teeth.

And while bleaching is safe and effective for most people, it cannot remove all types of stains.

"Many times with very severe stains, such as from tetracycline, bleaching isn't sufficient," Dr. Williams said. "In those cases, another treatment, such as bonding, can give the patient the desired results." ■

—Ingrid Heggoy

Home Bleaching:

A Whitewash?

With the recent rise in popularity of bleaching teeth, home bleaching products have come onto the market. But do they work and are they safe?

While unsupervised home bleaching can brighten teeth, home treatment isn't recommended by most dentists for several reasons, according to Dr. Henry Williams, professor of restorative dentistry and director of dental ceramics at the Medical College of Georgia School of Dentistry.

While unsupervised home bleaching can brighten teeth, home treatment isn't recommended by most dentists for several reasons.

"To be sold over-the-counter, these products have to have a very low concentration of the brightening agent," he said. "This limits their effectiveness. It may be six to eight weeks or longer before you see any difference, whereas with supervised bleaching, you would be done in approximately two weeks."

A number of companies have home bleaching products that can be purchased without a prescription and do not require a dentist's supervision. Most of these require use of a special toothpaste and a separate brightening agent.

They all contain one of several oxidizing brightening agents in concentrations that don't require dental supervision.

"When bleaching is supervised by a dentist, he or she checks the patient's progress and works with the patient, to achieve a tooth color that the patient wants and that is appropriate for the patient's age, coloring, etc.," he said. "This helps the patient understand what sort of improvement to expect and what is desired, something unsupervised bleaching can't provide."

And while these preparations have been approved for sale without a prescription, safety is a concern, according to Dr. Williams.

"With dentist-supervised home bleaching, the dentist watches the patient's mouth for any sign of irritation, as these agents can cause problems in some people. With unsupervised bleaching, that safety check isn't there," he said.

Finally, bleaching teeth isn't the answer for everyone. Some stains, such as those that may be left by tetracycline use as a child, can't be removed even with supervised bleaching. These require other techniques, such as bonding, to achieve the desired results.

"Especially with these more severe stains, a person could waste their time, energy and money and not achieve any results, when a trip to the dentist would have revealed that bleaching wasn't the solution for them," Dr. Williams said. ■

—Ingrid Heggoy

For the Love of Science

It was the most unlikely, yet most fortuitous, of pairings.

One half of the pair was a Canadian who generally could be found at patients' bedsides.

The other was of Indian descent, more at home in laboratories.

When the two paired up in Augusta, Ga., of all places, sparks flew. And the world of medicine would never again be the same.

Dr. Robert B. Greenblatt, the Canadian, established the nation's first independent endocrinology department in 1946 at the Medical College of Georgia. The field—the science of the body's internal secretions—was so new, and Dr. Greenblatt so talented, that his work progressed at breakneck speed. His discoveries unfolded in rapid succession. The use of progesterone to halt uterine bleeding, the use of clomiphene citrate to stimulate ovulation, the use of estrogen to treat menopause symptoms—all were among his monumental contributions to medicine.

But Dr. Greenblatt's forte was clinical care and research. His life was with his patients. He realized that MCG's advancement in the field was dependent upon extensive laboratory research.

Enter the other half of the pair.

Dr. Virendra B. Mahesh, who earned a Ph.D. in organic chemistry from the University of Delhi in India and a Ph.D. in biological sciences from Oxford University in England, was completing a research fellowship at Yale University when Dr. Greenblatt beckoned.

"He had read my work of developing new methods for measuring steroid hormones and their metaboloids in the blood and urine," Dr. Mahesh recalled. "The method was applicable to his clinical and experimental work, and he invited me to come for at least one year to set up the technique in his lab."

In 1959, Dr. Mahesh joined MCG. His technique led to his and Dr. Greenblatt's discovery that ovaries can produce significant amounts of androgens, a hormone. That finding led to their ability to determine the source of overly high levels of the hormone, which can result in such conditions as excessive hair growth in women and overly large ovaries. This enabled them to devise means to manage the disorders.

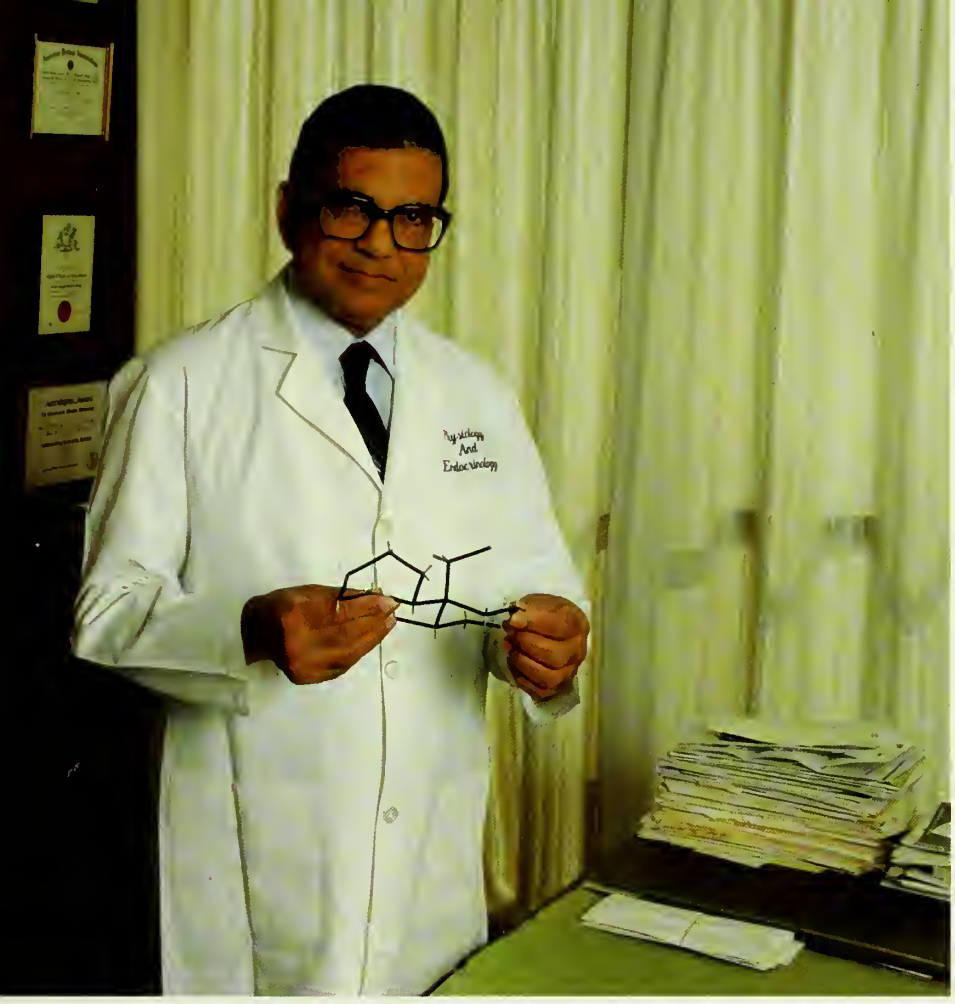
The pairing of their individual approaches to endocrinology—Dr. Greenblatt at the bedside, Dr. Mahesh in the lab—was a huge success. "When I came here, we were joining two teams. Dr. Greenblatt's work was clinical, mine was scientific. It's the merging of those two skills that leads to scientific advancement," Dr. Mahesh said.

And they had their work cut out for them. Dr. Mahesh was the department's only full-time faculty member. Dr. Greenblatt and two colleagues were part-time faculty, devoting much time to private practices. Dr. Greenblatt knew the department needed concentrated expertise to grow.

He and Dr. Mahesh appreciated each other and became good friends. "Dr. Greenblatt was a very bright and delightful person to work with," Dr. Mahesh said of his now-deceased colleague. "We didn't overshadow each other. It was a perfect working team."

So Dr. Mahesh, who had planned on being in Augusta only a year, was here to stay. "Obviously, the reason I stayed on was that MCG was providing me an opportunity to pursue my research interests and goals. I stayed because I found MCG to be be supportive and I had great faith in its future."

Dr. Mahesh also had plans of his own for MCG's future. His love of research was matched by his love of teaching, and he wanted his students' opportunities at MCG to grow. He wanted MCG to offer not only master's degrees in endocrinolo-



gy, but doctorates as well.

In 1965, by which time 11 master's degrees in endocrinology had been awarded at MCG, Dr. Mahesh initiated the first Ph.D. endocrinology program in the United States.

By that time, the faculty had grown to include Dr. Rogers Byrd, whose field was cytogenetics.

The first class of Ph.D.'s—three students—graduated in 1968 and 1969.

Dr. Mahesh succeeded Dr. Greenblatt as chairman of the department in 1972. The department merged with physiology in 1986 and remains the only department of its kind. Endocrinology is more typically a section within other departments, such as medicine.

Today, the department has 21 faculty. (Ph.D. students obtain degrees in either physiology or endocrinology.) As of June 1990, 37 people have earned doctorates in endocrinology from MCG. About 80 percent of them remain in academic medical centers, actively involved in research and teaching, Dr. Mahesh said. Twelve students are currently earning doctorates in the program.

The program celebrated its 25th anniversary June 19 with a symposium at MCG in which 24 alumni presented their research. Their topics included reproductive biology, pregnancy and delivery, endometriosis, aging and the effects of drugs of the body's endocrine system. *(See "A Surge of Life," at right.)* The professional journal, *Steroids*, will produce a special commemorative publication containing all of the papers presented.

The alumni's contributions to the field is exactly what Drs. Greenblatt and Mahesh envisioned when they joined forces three decades ago. Dr. Mahesh looks back with great pride.

"I've enjoyed the full spectrum of academic activities—researching, teaching, working with students, recruiting new students...I also had a hand in recruiting current faculty. We had a very strong interest in academic advancement in research long, long before it was the organized goal at MCG."

Dr. Mahesh has brought in more than $7 million of research funding as either a principal investigator or co-investigator since coming to MCG. From 1984 to 1986, all faculty members in the endocrinology Ph.D. program were funded by the National Institutes of Health. Three of the seven were members of NIH study sections. "That gives you an idea of the degree of excellence the department has experienced," Dr. Mahesh said.

—Christine Hurley Deriso

A SURGE OF LIFE

Dr. Darrell W. Brann knows progesterone can be used as a means of birth control. But he's interested in how the hormone can enhance fertility.

"Progesterone is very important to both contraception and infertility," said Dr. Brann, a research fellow in the Medical College of Georgia Department of Physiology and Endocrinology who presented his research at a June 19 symposiusm celebrating the 25th anniversary of the MCG endocrinology training program.

Progesterone's role is related to a luteinizing hormone (LH), whose level surges to induce ovulation.

"What causes the signal for the LH surge?" Dr. Brann said. "That's what we're interested in."

He and Dr. Virendra Mahesh, principal investigator of the National Institutes of Health-funded research, are

probing progesterone's role in the gonadotropin surge leading to ovulation. "Progesterone levels increase at midcycle and help induce the gonadotropin surge to its full magnitude," Dr. Brann said. "But it also limits the surge to one day."

Birth-control pills and implants (widely used in Europe) work by providing an elevated level of progesterone continously, which blocks progesterone's midcycle surge. This in turn prevents the LH surge, which prevents successful ovulation.

Another aspect of ovulation is that the hormone, estrogen, decreases during the LH surge. "If the fall is prevented by contraceptives, the LH surge is reduced," thus preventing successful ovulation, Dr. Brann said.

Drs. Brann and Mahesh wondered if reversing the process—prodding the estrogen level to decrease if it didn't naturally—would enhance fertility. They tested the theory by giving animal models three doses of estradiol, a form of estrogen. The third dose caused the LH surge to decrease. But when the researchers gave the models progesterone an hour before administering the third dose, the LH level surged as normal, resulting in successful ovulation.

The research may result in infertility treatment in which an LH surge is assured by giving progesterone to women who have adequate estrogen secretion but do not ovulate. "We feel this could be a mechanism whereby progesterone could enhance the LH surge to ensure full ovulation," Dr. Brann said.

The researchers also are trying to prove a theory of their predecessor, Dr. Robert B. Greenblatt, whose research laid the groundwork for the development of fertility and birth-control pills. Dr. Greenblatt found that the hormone corticoid induced ovulation in women who otherwise couldn't ovulate because of ovarian cysts.

"Dr. Greenblatt suspected that corticoids work by lowering the abnormally high androgen level these women tend to have," Dr. Brann said.

But Drs. Brann and Mahesh have found that several corticoids induce ovulation even when the androgen levels aren't abnormally high, indicating the treatment might be a more widespread infertility treatment than previously believed.

"We feel that the corticosteroids that interact with progesterone receptors probably play a role in synchronizing the LH surge and the ovulatory process.

—Christine Hurley Deriso

It's a tour guide of the brain.

The destination may be the thalamus, where nuclei receive and pass along information, but where disease and drugs and trauma also can cause abnormal activity that results in excessive, involuntary movement or too slow movement.

Or some area where abnormal electrical discharges result in debilitating seizures.

Or a place where a tumor grows.

Or a vascular malformation exists.

The guide is a compact, portable computer system—computer assisted stereotactic system, or CASS.

And it leads the stereotactic surgeon down the most direct and benign path to his destination in the brain.

This computer system merges the high-resolution imaging capabilities of computerized tomography and magnetic resonance imaging with the computer's ability to rapidly calculate the three-dimensional coordinates of a target and to display or simulate the path of a probe destined for a predetermined site in the brain.

The goal may be creating a lesion to stop unwanted movements, implanting a recording electrode to track seizure activity, implanting a stimulating electrode to treat pain or biopsying a tumor.

This CASS is a gold mine in the field of stereotactic surgery, a subspecialty area of neurosurgery in which a highly accurate aiming device is used to pass a probe through a 2-millimeter hole in the skull that leads to the brain.

It's an approach that avoids some potential risks associated with major operations where a small deep target would be difficult to find.

But it's also an approach which gives very limited visibility.

Until CASS.

"What we have here is basically a self-contained computer and graphics terminal with the capability of storing selective views directly from an MRI or CT computer that we are interested in," said Dr. Joseph Smith, neurosurgeon and director of the stereotactic and functional neurosurgery program at the Medical College of Georgia.

"Then we can take it to the operating room and we can call up the individual images and do whatever types of renderings we are going to do with it. It may be nothing more than just determining the coordinates of a structural abnormality in the brain so we can do a biopsy. That's a very simple situation.

"If it's a more complicated situation, such as introducing a probe into a specific area of the brain to make a coagulation or lesion for a movement disorder, what we can do with this CASS that we haven't been able to do previously is actually overlay or superimpose and scale brain atlas maps to the targeted structure and thereby more accurately define the anatomic target. We can also simulate the probe trajectory in three dimensions," Dr. Smith said.

"We can simulate the entire operation. We couldn't do that before CASS, even

Enlightened Journey

with high-resolution CT or MR scanning, it's still a blind procedure. But probe simulation gives you an idea of not only where the probe is going, but the structures it is passing through on the way to the target. That makes it safer," Dr. Smith said of the computer advancement in the booming field of stereotactic surgery.

Stereotactic surgery had its genesis in humans in the late 1940s.

In the earliest operations—which were for intractable pain and certain psychiatric disorders—the target position was derived from identifying a calcified structure in the brain such as the pineal gland and using it as a reference point.

Later procedures used air or a contrast agent injected into the spinal fluid compartments to outline certain structures.

But neither approach allowed for direct imaging of the target.

Plus, there was no accurate means to correct for individual differences in target positions that resulted from the fact that no two brains are identical. Stimulation and recording in the region of initial probe placement was necessary and useful, but still did not always define the target position.

This approach was used until the advent of CT and MRI scans in the 1970s provided direct imaging of target areas. However early CT and MR-guided stereotactic operations for pain and movement disorders still used the same anatomic reference points that were outlined with air or positive contrast agents in the earlier methods.

So the same potential for error in defining the target existed.

But CASS can account for the fact that no two brains are identical.

Pertinent CT or MRI views are put directly into the computer which stores some 77 maps taken of a human brain atlas that can be shrunk or enlarged to fit the patient's own brain structures.

"By fitting the map to that individual

structure that you are interested in, you now have an atlas of that patient's brain," Dr. Smith said.

"You don't have to refer to an atlas and hope that the patient's brain is going to be very close to the dimensions in that particular atlas. You call up one of the 77 atlas maps which most closely matches the CT or MR scan. You scale that particular atlas to that particular brain. With the outer margins of the map and brain structure aligned, the position of any substructure or nucleus is accurately displayed," he said.

A typical stereotactic procedure begins with fixing a crown-like base ring apparatus to the patient's head. This base ring acts as a reference plane to which a localizing device is attached. Later, at the time of surgery, the localizer will be removed and replaced by the aiming arc which will guide the probe.

"The localizing apparatus has a series of diagonal and vertical rods," Dr. Smith said. "Depending on the area you are looking at, you will see those rods at varying distances from each other. The computer calculates those differences in distance. It can then determine exactly where the target plane is relative to this reference plane. Then it calculates the target's three-dimensional coordinates and that information is directly transmitted to the aiming arc."

It's a valuable perspective for the neurosurgeon whose target is a few millimeters of troublesome tissue inside the brain.

Consider the target tissue in movement disorders.

Movement disorders are often seen in older patients and tend to run in families, said Dr. Kapil Sethi, neurologist and director of the neurogeriatrics clinic at MCG.

Abnormal movements can be caused by Parkinson's disease, strokes, some medications such as antipsychotics, head injuries or by some unknown agent.

The disorders can be disabling, embarrassing and non-responsive to medication, Dr. Sethi said.

The thalamus is a way station between the brain stem and cerebral cortex. Its nuclei receive information and pass it on to other areas of the brain. One nucleus projects primarily to the motor areas of the brain, Dr. Smith said. "That's the area we want to target for movement disorder surgery."

With this surgery, Dr. Smith coagulates an area about 6 to 8 millimeters in diameter. "This area is not the area that primarily malfunctioned. Some other area has malfunctioned leading to a release of an abnormal function. Some inhibitory area has been damaged that would ordinarily have inhibited this type of activity. Tremors are a perfect example," Dr. Smith said.

"Although the disorder involves multiple areas of the central nervous system, what we are doing is interrupting the network at some particular point ... and we interrupt in an area that will not produce a sensory or motor deficit, but will reduce or eliminate the disorder."

"In the past, you placed a probe into a target without being able to directly visualize it. Without having a map to show where the target was, you could be off by

as much as 8 millimeters," he said.

"When you stimulated (the area) to see whether the lesioning probe was properly positioned, you might get no response. At this point either the procedure was aborted or a large lesion was made to stop the movement disorder that sometimes led to an unacceptable neurological deficit.

"By using this CASS system, together with stimulation, the preliminary studies indicate that it is more accurate and therefore safer," Dr. Smith said.

An added plus when using CASS for movement disorder surgery is the computer system's memory of more than 2,500 electrophysiological response records archived from movement disorder surgery at the Montreal Neurological Institute.

Dr. Smith can compare these responses to those he gets to further verify his target position.

Older approaches to movement disorder surgery yielded good results in about two-thirds of the cases, Dr. Smith said. "But that still left about 30 percent of the patients with an inadequate alleviation of the movement disorder, those 30 percent of the patients being those whose thalamus didn't fit the standard atlas. But the ability to scale the atlas to that individual patient gets around the problem of that variation.

"I think this will improve the effectiveness of stereotactic movement disorder surgery," Dr. Smith said, adding that comparative studies are under way to verify this.

Another major use of the portable computer system at MCG has been with the seizure surgery program where doctors determine the area of the brain where a seizure originates and remove it.

About 40 percent of the time, doctors at MCG can determine a seizure focus from non-invasive scalp electrodes. The rest of the time, some type of implanted monitoring device is needed and that usually means depth electrodes inside the brain.

Dr. Smith uses the CASS to simulate the implantation of the depth electrodes before the actual surgery.

That has meant that when the electrodes are implanted, they have been yielding better information.

"I think we are recording more focal seizure onsets now because of better placement of our electrodes. I suspect that we are getting closer to the structures using the CASS since we not only image the target directly, but we can also simulate and study the trajectory and then choose a trajectory that will place the recording electrode immediately adjacent to the area of interest." He plans to do a comparative study to see if CASS-assisted implants lead to more accurate defining of seizure foci.

"We rarely used to see localized onsets," Dr. Smith said. "All recording electrodes have multiple contacts. If a seizure started in one temporal lobe, the electrical activity was usually recorded from multiple contacts. What we are seeing now, not in all cases but in some, is the onset recorded from one particular contact.

"In other words, those seizure surgery cases where recording electrode implantation has been guided by CASS seem to be pinpointing the seizure focus in a larger number of cases," Dr. Smith said.

"I think after another year we will have enough information with CASS-assisted depth electrode implantations that we ought to be able to compare the results of surgery with those patients to the ones that we have done before. The surgical results ultimately tell how accurate the recording system was."

—Toni Baker

AlumNews

Distinguished Alumnus Awards Presented

Five Medical College of Georgia alumni were presented Distinguished Alumnus awards during MCG's 1990 homecoming activities.

Each year, faculty select an alumnus from each of MCG's five schools to receive the award during homecoming, held May 4-6 this year.

This year's recipient in the School of Allied Health Sciences is Laura Hooker Beveridge, assistant professor of respiratory therapy at MCG. Ms. Beveridge earned a bachelor's degree in respiratory therapy from MCG and master's degrees in education and business administration from Augusta College.

She is director of clinical education and chairwoman of admissions in the Department of Respiratory Therapy and is a professor at the University of Costa Rica Medical School. Ms. Beveridge initiated the first respiratory therapy program in Central America.

The School of Dentistry's distinguished alumna is Jeannie H. Moran, a periodontist in Naples, Fla. Dr. Moran earned a doctorate of dental medicine from MCG and performed a periodontics residency at Emory University School of Dentistry. She has been in private practice since 1977.

Dr. Francis Tedesco chats with distinguished alumni W. Gamewell Watson (from left), Lynda Littlefield and Laura Beveridge during the Homecoming President's Reception.

Dr. Moran is founder of the MCG School of Dentistry Jeannie Moran Student Loan Fund, from which dental students can borrow money for school expenses to be repaid after graduation. Dr. Moran contributes $100 a month to the fund.

The School of Graduate Studies distinguished alumna is Lynda Gayle Littlefield, who earned a Ph.D. in anatomy and human cytogenetics from MCG. She is a senior scientist and director of cytogenetics at Oak Ridge Associated Universities in Oak Ridge, Tenn., and is an adjunct faculty member at the University of Tennessee-Oak Ridge Graduate School of Biomedical Sciences.

Dr. Littlefield is a member of the American Society of Human Genetics, the Environmental Mutagen Society and the Radiation Research Society.

The School of Medicine's distinguished alumnus is Dr. Walter Gamewell Watson, a 1943 graduate who has practiced obstetrics and gynecology in Augusta since 1947. He is chief of the obstetrics/gynecology service at University Hospital in Augusta, on the courtesy staff at St. Joseph Hospital in Augusta and a clinical professor of obstetrics/gynecology at MCG.

continued on page 18

Commencement Held June 9

The 161st commencement at the Medical College of Georgia was held June 9 at 2 p.m. in the Augusta-Richmond County Civic Center.

Degrees were awarded to 647 graduates of MCG's five schools—allied health sciences, dentistry, graduate studies, medicine and nursing.

U.S. Sen. Wyche C. Fowler delivered the commencement address. MCG President Francis J. Tedesco presided, and University System of Georgia Board of Regents member Joseph D. Greene brought greetings on behalf of the regents. ■

Alumnus... *continued from page 17*

He is a member of the Richmond County Medical Society, the Augusta Obstetrics/Gynecology Society, the Georgia Obstetrics/Gynecology Society, the American College of Obstetrics/Gynecology and the International College of Surgeons. He is a fellow of the American College of Surgeons. He won the 1988 American Legion Award for Service to Mankind in South Carolina.

The School of Nursing honored Eileen Bland with its annual E. Louise Grant Award, which recognizes an outstanding alumnus. Ms. Bland earned a bachelor's degree in nursing from MCG in 1958 and was a member of the first graduating class once the school relocated from Athens to Augusta. She earned a master's degree in public health nursing from Emory University.

She has worked in public health nursing for 32 years and is executive director of the Wayne County Health Department Home Care Services in Jesup, Ga.

Also honored by the School of Nursing was Gloria M. Clayton, recipient of the Phoebe Kandel Rohrer Founders Award for outstanding research and education. Dr. Clayton earned a master's degree in nursing from MCG and a doctoral degree in education from the University of South Carolina.

She is a professor at the MCG School of Nursing-Athens, senior research scientist at the University of Georgia Gerontology Center and a consulting gerontologist for the Augusta Resource Center of Aging. She has been on the MCG faculty since 1978.

She was the selected speaker for the Sigma Theta Tau International Distinguished Lecture Series from 1987 to 1989 and was named outstanding graduate teacher in MCG's adult nursing department in 1982. ■

Outstanding Faculty Honored

Five Medical College of Georgia faculty members were honored with 1990 Outstanding Faculty awards at MCG's May 24 faculty assembly.

The awards are presented annually to a faculty member from each of MCG's five schools. The honorees are Geraldine Rinker, School of Allied Health Sciences; Dr. Allen Sisk, School of Dentistry; Dr. Jerry J. Buccafusco, School of Graduate Studies; Dr. Arlie R. Mansberger, School of Medicine; and Dr. Elizabeth Farren Pond, School of Nursing.

Ms. Rinker, professor of medical technology and instructor in the School of Medicine Department of Pathology, earned a master's degree in medical microbiology and public health from MCG and a master's degree in business administration from Augusta College. She is a doctoral candidate at the University of Georgia. She joined MCG in 1963.

Dr. Sisk, associate professor of oral and maxillofacial surgery, earned a doctorate of dental surgery at Emory University School of Dentistry in Atlanta. He performed residencies in oral and maxillofacial surgery at the Mayo Clinic in Rochester, Minn., and at the National Institute of Dental Research in Bethesda, Md. He joined the MCG faculty in 1986.

Dr. Buccafusco, professor of pharmacology and toxicology, earned a Ph.D. in pharmacology from the University of Medicine and Dentistry of New Jersey and performed postdoctoral work at the Roche Institute of Molecular Biology. He joined the MCG faculty in 1979.

Dr. Mansberger, chairman and professor of the Department of Surgery, earned a medical degree from the University of Maryland School of Medicine and is certified by the American Board of Surgery.

Dr. Pond, assistant professor of parent-child nursing, earned a master's degree in nursing from MCG and a doctorate in education from the University of Georgia. She joined the MCG faculty in 1981 as a nursing instructor and was named assistant professor in 1984. ■

The MCG President's Advisory Council met May 10–11 in Augusta. Council members met with MCG administrators and guest speaker Rep. D. Douglas Bernard to discuss MCG's goals and plans.

13 Retire from Faculty

The Medical College of Georgia's 13 retiring faculty members, including the dean of the School of Nursing, were honored at the May 24 faculty assembly.

Dr. Mary E. Conway, dean and professor in the School of Nursing, retired after a decade at MCG. She earned a master's degree in nursing administration from the University of Minnesota and a Ph.D. in sociology from Boston University. She was dean of the University of Wisconsin-Milwaukee School of Nursing from 1976 to 1980 and joined MCG's nursing school as dean in 1980.

Retiring from the School of Allied Health Sciences are James A. Estep and Octavia Garlington.

Mr. Estep, associate professor in the Department of Physician Assistant, earned a master's degree in education from Augusta College and is a doctoral candidate in education at the University of Georgia. He joined MCG in 1971 as associate director of inservice education at the hospital and was named educational coordinator and associate professor in 1972.

Ms. Garlington, professor in the Department of Medical Illustration, earned a master's degree in medical illustration from MCG. She joined the faculty as an instructor in 1961 and was named professor in 1978.

Retiring from the School of Dentistry are Drs. James W. Clark, Howard W. Conley, Quince B. Davis and J. Marvin Reynolds.

Dr. Clark, professor in the Department of Periodontics, earned a doctorate of dental sciences from the University of Texas Dental Branch and a certificate in periodontics from the

continued on page 32

Ms. Garlington Wins National Award

Octavia Garlington, a retired professor of medical illustration in the Medical College of Georgia School of Allied Health Sciences, is the recipient of the 1990 Ranice W. Crosby Distinguished Achievement Award for scholarly contributions to the advancement of the profession of medical illustration.

The award is presented annually by the Johns Hopkins University School of Medicine to a person whose work has advanced the field of medical illustration.

Ms. Garlington joined the MCG faculty in 1960 and retired in June 1990.

"Throughout her distinguished career her name has become synonymous with the excellence of the medical illustration program at MCG," said Gary P. Lees, chairman and director of the Johns Hopkins medical illustration program.

Ms. Garlington was presented a medallion by Dean Richard S. Ross at the Johns Hopkins Medical School commencement in May.

"I feel that to receive this in my last year of teaching is icing on the cake," Ms. Garlington said. "It's always nice to be appreciated and especially by an institution as outstanding as Johns Hopkins." ■

Course Pairs Art, Computers

David Waller

The Department of Medical Illustration in the Medical College of Georgia School of Allied Health Sciences has recently instituted a course that encourages students to combine visualization skills with state-of-the-art technology.

In the course, students learn how to use computers to produce illustrations for slides, print and animation to communicate health science information for doctors, educators and attorneys.

"Rather than taking the creativity out of the problem-solving process in illustration, the computer is just another tool to use in the production of illustrated materials. The problem-solving still begins at the drawing board," said Carrie DiLorenzo, instructor of computer graphics.

After preparing pencil sketches, students are able to transfer their drawings to the computer with an electronic scanner. Depending on the software used, the computer then enables the student to make changes to the sketch, add color, labels, text or even build an animation with sound.

The major difference between what the student can produce with the computer and with more traditional tools is the time it takes and the convenience in using it. The computer makes it possible to produce illustration in less time and to make changes with ease. The quality of the product still depends on the student and his problem-solving abilities, according to Ms. DiLorenzo.

This new course is now a first-year requirement for all graduate students in medical illustration. ■

Jeanette Rausch, medical illustration student, combines visualization skills with state-of-the-art technology.

Researcher to Review Teaching Methods

David Waller

Jan Dennis of the Medical College of Georgia Department of Physical Therapy in the School of Allied Health Sciences has been awarded a $6,925 research grant to devise a system to determine the effectiveness of various physical therapy teaching methods.

"The method of assessment will be unique because it will focus on the organization rather than the amount of an individual's knowledge," said Dr. Jan Perry, chairwoman of the Department of Physical Therapy.

Researchers will evaluate students and practitioners at various levels of experience and at several institutions using video presentations and a written exam to see how they would handle a variety of situations in the work place.

"Part of what makes a person with experience so desirable in the work place is their ability to gather and interpret pertinent information," said Dr. Perry. "We want to find out which teaching methods help students acquire that ability more quickly. To do that, we need an assessment tool that looks at how an individual organizes information. None currently exists for physical therapy."

The study will be conducted by Ms. Dennis, assistant professor of physical therapy. The results will then be published for faculty at other institutions to study. The study is part of the recently created Center for the Study of Physical Therapy Education. ■

Physical Therapy Program Addresses Shortage

David Waller

The Department of Physical Therapy in the Medical College of Georgia School of Allied Health Sciences has developed a program to address the critical shortage of allied health professionals in the United States.

One reason more physical therapists can't be trained is a shortage of qualified teachers, according to Dr. Jan Perry, chairwoman of the Department of Physical Therapy. The new program will allow graduates of the physical therapy program to work in the field, learn the basics of teaching and work toward their master's degree simultaneously.

In this four-year program, participants will work full time in the clinic their first year while taking five hours each quarter toward their master's degree. During the second and third years, they will work half-time in the clinic and half-time in the classroom as an instructor, while continuing their work toward their master's degree. During the fourth year, they will work full time in the classroom and complete requirements for their master's degree.

"We are very excited about the possibilities here. It is a very promising possible solution to our current faculty shortage."
Dr. Jan Perry

The position will be funded jointly by the School of Allied Health Sciences physical therapy program and the MCG Hospital and Clinics physical therapy program. Plans are to accept one participant each year.

If the program is successful, Dr. Perry hopes other physical therapy schools around the country will begin similar programs.

"We are very excited about the possibilities here," Dr. Perry said. "It is a very promising possible solution to our current faculty shortage."

Other programs in the School of Allied Health Sciences have also expressed an interest in starting similar programs. Dr. Perry also said she would eventually like to see a similar program set up in the same manner that will allow the participant to obtain a doctorate. ■

Physical Therapy Education Center Established

David Waller

The Center for the Study of Physical Therapy Education has been established by the Medical College of Georgia Department of Physical Therapy.

The center employees will examine and evaluate various methods of teaching used to prepare physical therapy practitioners. They will then disseminate the data gathered to other interested parties.

Learning materials for the preparation of physical therapists and physical therapist assistants will also be developed and disseminated. Representatives of the center will present lectures and workshops focusing on the results of studies into physical therapy teaching methods and publish books and articles relevant to the center.

"There are no other physical therapy programs in the United States that we know of that focus on the physical therapy educational process," said Dr. Jan Perry, chairwoman of the Department of Physical Therapy. "This gives us that focus very specifically."

The center has received a $5,400 grant from the American Physical Therapy Association to make recommendations related to the purposes, functions and structure of a national center for the study of physical therapy education. It is the first of what Dr. Perry hopes will be a long list of grants.

"We think that this will further establish MCG as a national force in physical therapy education," Dr. Perry said. ■

Mr. Dennison's Research Awarded

David Waller

Frank Dennison, assistant professor of respiratory therapy in the Medical College of Georgia School of Allied Health Sciences, has been presented the Georgia Society of Allied Health Professionals Research Award.

Mr. Dennison had previously won the MCG School of Allied Health Sciences Research Award for his work on airway resistance, which was published in *Chest*, the official publication of the College of Chest Physicians.

"I would like to thank the people who are involved in the Georgia Society of Allied Health Professionals for their encouragement and recognition of people in allied health research," Mr. Dennison said.

The nomination was submitted by Art Taft, clinical director of the respiratory therapy department. Mr. Dennison also acknowledged Drs. Frank Chou and Lyle Smith, faculty members in the Augusta College Educational Department, who taught research design and statistics classes when he was pursuing his master's degree.

"I feel indebted to them because their classes provided excellent preparation for doing quality research," Mr. Dennison said. "Such professionals deserve a lot of credit for their students' achievements." ■

Class Notes

Anita Grinstead Gattis (medical technology, '82), Hawkinsville, Ga., married Dr. Larry Gattis (School of Medicine, '77), April 22. He is a family practitioner.

Kimbery Stabell NcNuetz (dental hygiene, '86), Marietta, Ga., is a registered dental hygienist for Dr. James Pitts and has a daughter, Ansley, born June 12, 1989. ■

School of Allied Health Alumni Association Officers

President
David Hamilton
(Term ends 1991)
(404) 737–0181

Vice President
Grace Yrizarry
(Term ends 1991)
(404) 790–2680

Secretary
Sheila Shell
(Term ends 1991)
(404) 721–2660

Treasurer
Julie Bouchard
(Term ends 1991)
(404) 724–8735

Dentistry an Owings Family Affair

Christine Hurley Deriso

That nagging feeling had returned.

The feeling had first surfaced in 1960: David A. Owings wanted to be a dentist. But he'd just graduated from pharmacy school, and the thought of four extra years of school struck him as singularly unappealing. Instead, he began his pharmacy career.

And he enjoyed it. He worked as a drug company representative for several years, then as a pharmacist while he and his wife raised their three children.

But as the end of his first decade in the field approached, that feeling started tugging at him. He still wanted to be a dentist.

He decided to go for it. In 1970, he enrolled in the Medical College of Georgia School of Dentistry.

"It was a big decision to go to dental school," he recalled. "I knew once I made the decision, I had to dig. I had to do whatever it took to get through. It was tough, because I was working, too."

He'd retained his job part-time with the drug store so he could support his wife and young children while he earned his dental degree. He didn't sleep much in those days; when he wasn't working or going to school, he was studying.

"I remember Dad staying up all night talking into a tape recorder. That's how he used to study," said Alan, now 23.

"But half the time, the tape player was going and Dad was lying across the bed asleep," laughed daughter Becky, 26.

The sacrifices eventually paid off. Dr. Owings was among the MCG dental school's second graduating class, the class of '73.

Today, he has a successful private practice in North Augusta. He's never regretted the decision to pursue his dream. "This is an interesting profession," he said. "It's a good profession."

He speaks of dentistry as equal parts art and science. "It's awfully nice to take an old broken-down tooth and make a beautiful restoration of it," he said.

And he enjoys his relationship with his patients. "One little gal came in one day scared to death," he recalled of a pediatric patient. "So I put her on my knee and let her watch me work for half an hour. Now when she comes in, she jumps in the chair, ready to go."

His enthusiasm is infectious. Daughter Becky and son Alan have followed in his footsteps although, like their father, they both took circuitous routes. Becky went to nursing school at Clemson University and worked in the neonatal unit of a hospital before opting for dental school. Alan majored in electrical engineering at Clemson. Like his father a generation before, Alan wasn't initially thrilled at the prospect of four more years of school.

But as soon as he graduated, he headed for MCG. Today, he and his sister are classmates at the MCG dental school, both in their third year. They are each other's biggest supporters, despite the playful, teasing banter that marks their relationship. "We help each other out in school," Becky said. "It's kind of neat, I think."

Their dad is also in their cheering section, although he never pressured them to follow his lead. "He wanted us to do what we wanted to do," Becky said.

But after observing him as they grew up, and after the summers they spent doing odd jobs in the office, they were hooked. And because of that exposure, they have no misconceptions about the road ahead.

"It's not unusual for Dad to be at the office until 8 or 9 o'clock at night," Becky said. "It's a hard job, definitely not plush living."

But their father taught them, through example, that if they love what they're doing, the sacrifices seem negligible.

"There are just not enough hours in the day," Dr. Owings said of his career. "It's a lot of fun." ■

Dr. David Owings chats with Becky, Alan.

Students Urged to Persevere

Dr. Malcolm Overbey, president of the American Dental Association, told students and faculty at the Medical College of Georgia School of Dentistry that dentists starting out today will make it if they just persevere.

"The dental economics are there for you," he said during a March 16 visit. "The ratio is such now that if you start your practice, and just hang in there, you're going to be a success."

"There are more people out there, and there are less dental students being graduated now. You have a lot of options. You can go into private practice, into academia or into the military."

He added that recent Gallup and USA Today polls showed that dentistry is the second most respected profession, and that more people are satisfied by services from their dentist than any other profession.

Dr. Overbey also discussed the changes in the population attending dental school. He said that 30 percent of those in dental school now are women and 30 percent are minorities.

"What effect does this have? It affects the auxiliaries," he said. "You ladies that are becoming dentists, back in my day, ladies were becoming dental hygienists. But not now, so we have a shortage of hygienists."

Dr. Overbey stressed the importance of joining organized dentistry.

"If you're going to open a practice, come to the ADA," he said. "We can help you. We have all sorts of useful information for you."

"If you don't join organized dentistry, you're not going to like how someone else is running it," he said. "So get out there and join, so you're involved in the future of dentistry." ■

MCG Dental Research Presented

Ingrid Heggoy

Thirty-five Medical College of Georgia School of Dentistry faculty, staff and students presented research abstracts at the International Association for Dental Research/American Association for Dental Research convention in Cincinnati March 7–11.

Nearly all of the abstracts are group projects, but they were presented by a group representative.

Presenters and their abstracts were:

Robert Shiflett, sophomore dental student, on toxicity levels of resins used in filling teeth; *Dr. Carlo Prati,* visiting professor of dentistry from Italy, on the pressure inside teeth and the strength of bonds used on them; and *Dr. John Erbland,* associate professor of oral biology and biochemistry, on a method to inactivate the herpes virus.

Fouad Salama, graduate resident assistant, on new materials for chin augmentation; *Dr. Nuran Ulusoy,* visiting professor of restorative dentistry from the University of Ankara in Turkey, on damaged teeth restored with different materials; *Craig Martinson,* sophomore dental student, on determining the safety of examination gloves; and *Dr. Phillip Hanes,* associate professor of periodontics, on nicotine absorption by the gums.

Faika Salama, oral pathology technician, on soft tissue regeneration in the mouth; *Dr. Fred Rueggeberg,* assistant professor of dental physical science, on different methods of hardening bonding resin on teeth; and *Dr. Rodway Mackert,* associate professor of dental physical science, on the effect of different cooling rates on dental porcelains.

Dr. David Steflik, senior research scientist, on different types of dental implants; *Dr. Bill Fry,* associate professor of oral biology and pharmacology, on the binding of tetracyclines; *Dr. Alfred Ciarlone,* professor of oral biology and pharmacology, on the diffusion of epinephrine across dentin; and *Cile Marshall,* junior dental student, on changes to dental implants after removal from the mouth.

Gene Beall, junior dental student, on the distortion to dental impressions caused by disinfecting with alginate; *Dr. Allen Sisk,* associate professor of oral surgery, on the effectiveness of giving pain killers before surgery to relieve post-operative pain; and *Janet Ergle,* research assistant in restorative dentistry, on the toughness of a tooth surface restored with composite resin.

Dr. Robert Kovarik, assistant professor of restorative dentistry, on cracks in teeth restored with resin composites; *Dr. Ralph McKinney,* chairman of the Department of Oral Pathology, on a nine-year study of ceramic dental implants; *Dr. Bryan Burdette,* assistant professor of oral diagnosis and patient services, on how different facial muscles interact with each other; and *Dr. Louis Gangarosa,* coordinator and professor of oral biology and pharmacology, on using electricity to deliver pain-killing drugs in the skin.

Dr. George Schuster, coordinator and professor of oral biology and microbiology, on the development of microscopic organisms in the mouth; *Dr. Carole Hanes,* assistant professor of pediatric dentistry, on fluoride release from some dental materials after varnishing and polishing; and *Liwen Tao,* oral biology and physiology resident, on the strength of bonds on different types of teeth.

Dr. Michael Shrout, assistant professor of oral diagnosis and patient services, on measuring bone loss by using digitized dental X-rays. Dr. Shrout also was involved in another abstract on measuring bone loss.

Dr. Richard Walls, chief resident of oral and maxiofacial surgery at Emory and an MCG graduate, working with *Dr. Mohamed Sharawy,* professor and coordinator of anatomy for dentistry, on the repair of the disk where the jaw joins the skull. Dr. Sharawy also was involved with two other presentations.

Dr. Warren Rivera, assistant professor of prosthodontics, on problems in estimating the proper height for dentures in patients with no teeth; *Dallas Margeson,* junior dental student, on the effect of different drying methods on the bond strength of some resins; and *Robert Cudia,* sophomore dental student, on the effect of a chemical on the jaw joint.

Dr. David Myers, dean of the MCG School of Dentistry, on the amount of X-ray exposure children receive from dental examinations; *Dr. Thomas Dirksen,* associate dean for research, continuing education and graduate programs and chairman of the Department of Oral Biology, on the absorption of nicotine by cells in the mouth; and *Lennard Cason,* sophomore dental student, on the effect on cells from bone implants.

Dr. Edna Pashley, assistant professor of oral diagnosis and patient services, on the ability of substances to enter healthy and decayed teeth; and *Dr. Harold Goodis,* visiting professor and chairman of the Department of Restorative Dentistry at the University of California in San Francisco, on water loss from within teeth.

Dr. David Pashley, Regent's professor of oral biology and physiology, on how fluid and protein move through dentin, the hard material just under the enamel of teeth. Dr. Pashley also was involved in eight other abstracts presented which dealt with dentin. ■

MCG Representatives Attend Hinman Meeting

Ingrid Heggoy

Eight Medical College of Georgia School of Dentistry alumni and faculty presented continuing education courses at the 16th annual Thomas P. Hinman Dental Society meeting in Atlanta March 16–18.

Dr. John Harden Jr. ('78) presented a course on successfully treating phobic patients in a general dentistry practice with drugs.

Dr. Gordon Brady ('76) presented a course on orthognathic surgery titled "Look What's Happening to Your Patient's Jaw and Face."

Dr. Arun Nayyar ('74), associate professor of restorative dentistry, Dr. Thomas McDonald ('77), assistant clinical professor of restorative dentistry and Dr. Kenneth McMillan ('74), assistant clinical professor of community dentistry, presented a course on porcelain veneers and indirect posterior composite systems, methods for restoring a normal appearance to damaged teeth.

Dr. Douglas Clepper, an associate clinical professor of restorative dentistry, presented a course on dental implants, an alternative to partial dentures for tooth loss.

Dr. Robert Kaminski, director of dental practice dynamics and associate professor of restorative dentistry, presented a course on how the Occupational Safety and Health Administration policies affect dentistry.

The Hinman dental meeting is one of the largest in the United States and is attended by dentists from throughout the country. ■

Dr. Blair to Speak

Dr. W. Charles Blair, a nationally known speaker on business aspects of dentistry, will discuss controlling office overhead at the School of Dentistry's Homecoming continuing education course May 4.

Dr. Blair, a graduate of the School of Dentistry at the University of North Carolina, holds degrees in accounting, business administration, mathematics and dental surgery. He left private practice to establish his company, Blair/McGrill & Co. and now is a full-time consultant to the dental industry. The course will offer continuing education credits. It is sponsored by the MCG School of Dentistry Alumni Association and the Academy of General Dentistry. For more information, contact the MCG Office of Continuing Education at (404) 721–3967. ■

Association Growing

Forty-six percent of School of Dentistry alumni are members of the alumni association in 1990, a 2-percent increase over last year, according to alumni association records.

Of MCG's five schools, the dental school has the highest percentage of alumni active in their alunmi association. In addition, the new associate alumni program is growing in popularity throughout the state. The program was created after Emory University in Atlanta closed its dental school, leaving MCG's dental school the only one in Georgia. The program allows graduates of other dental schools to join the school of Dentistry Alumni Association. ■

MCG Papers Presented

Several Medical College of Georgia School of Dentistry faculty members presented papers at the American Association of Dental Schools' 67th annual session in Cincinnati March 4–7.

Dr. Peter Cohen, associate professor and director of educational development and Dr. Wallace Edwards, associate dean of student, alumni and academic affairs, made a poster presentation on an enrichment seminar for freshman dental students that was begun at MCG in fall 1989.

Dr. Cohen also presented papers on assessing the outcomes of patient treatment and psychological testing in dental education, and he moderated two faculty development workshops on making personnel decisions and improving teaching.

Dr. Carol LeFebvre, assistant professor of restorative dentistry, presented a paper on using computers to design removable partial dentures. She also was a moderator in a seminar on educational research paper presentations.

Dr. Robert Kaltenbach, associate professor of dental practice dynamics, and Dr. Ron Croft, assistant professor of dental practice dynamics, presented a paper on using simulations in teaching dental practice administration.

Dr. Rodway Mackert, associate professor of dental physical science, presented a paper on new materials for ceramic restoration of teeth.

Dr. Gerald Heuer, associate professor of dental practice dynamics, and Dr. Arun Nayyar, associate professor of restorative dentistry, presented a paper on early enrichment training for dental students on crown and bridge work.

Dr. Robert Kaminski, associate professor and coordinator of dental practice dynamics, presented a paper on testing prospective dental students for admission and learning assessments. ■

Dr. Reynolds Working in Brazil

Greg Sumner

Dr. J.M. Reynolds is retiring from the Medical College of Georgia, but he isn't retiring from dentistry.

Dr. Reynolds, professor and coordinator for occlusion at the School of Dentistry, left in July to begin missionary work in Brazil.

An eight-year resident of Aiken, S.C., Dr. Reynolds attends St. Johns United Methodist Church, which partially supports a missionary in Brazil. Through correspondence with the missionary in Brazil, Dr. Reynolds agreed to do volunteer work at one of the colleges there.

Dr. Reynolds is donating his time in Lins, Brazil. "Lins is a town in the state of San Palo, and San Palo is the biggest city in Brazil," Dr. Reynolds said. Dr. Reynolds is volunteering his services at the American Institute of the American Church of Lins, a Methodist college.

Dr. Reynolds and his wife will stay approximately two months, although their trip could be extended. "This is just kind of a trial run, so I would say if we both are comfortable down there and I feel like I am making a contribution, the likelihood is good I could go back," Dr. Reynolds said.

Dr. Reynolds' teaching will be based on the specific needs of the college. "I am going with an open mind, and I don't know what level of dentistry or what type of dentistry I am going to be involved in," said Dr. Reynolds.

Dr. Reynolds' church also supports schools in other countries. "I know we have got some other schools... one in Korea and one in Singapore," he said.

"If this works out, I might offer my services. It would serve three purposes: it would keep my hands in dentistry at some level, I would make a contribution to our church, and also by our church having some of these dental facilities in places, it would give a chance to maybe do some in-depth touring and learn other cultures and this sort of thing, which we think we would love to do."

After their travels, Dr. Reynolds and his wife plan to return to Aiken. ■

Class Notes

Dr. Jerry Carter ('81), Morganton, N.C., recently moved to a new office at 222 W. Union St. ■

School of Dentistry Alumni Association Officers

President
(Term ends 1991)
Joseph F. Griffin, D.M.D.
309 E. Winthrope Ave.
Millen, Ga. 30442
(912) 982–4920

Vice President
(Term ends 1991)
T. Barrett Trotter, D.M.D.
525 Pleasant Home Road
Augusta, Ga. 30907
(404) 860–2442

Treasurer
Eddie Johnson, D.M.D.
2755 Barton Chapel Road
Augusta, Ga. 30906
(404) 790–9179

Algernon Allen

Alum Makes Career of Art, Animals

Stephanie Neal

The idea is the same—a medical illustrator has to find the best way to relate parts of anatomy, a surgery or a pathological condition to a student or practitioner.

The difference for one graduate of the Medical College of Georgia's medical illustration program is that his subjects might kick or bite him during surgery.

"I guess that could happen at MCG, too," said Algernon R. Allen, a 1958 graduate of the MCG graduate program. "But in large animal surgery, many of the animals are conscious. Even extensive abdominal surgery is performed under local anesthesia."

Mr. Allen is professor and director of Veterinary Medical Illustration and Communications at Purdue University in West Lafayette, Ind. And veterinary illustration can be very different from human medical illustration, he said.

"It's more varied, because instead of one species you've got seven or eight," Mr. Allen said. "The size of the organs vary with the size of the animal, and you have to adapt to that."

Mr. Allen took the job as a one-person department at Purdue after working for one year as an instructor and assistant director in the MCG Department of Medical Illustration.

"There were five on staff (at MCG) and we had three classes of students. We did photography, printing services, traditional medical art, prosthetics, modeling and motion pictures," he said. "Because of our multiple interests, I became interested in more than just art."

The vet school at Purdue opened in 1959 and administrators sent out an appeal for a medical illustrator without offering many resources or any teaching positions, Mr. Allen said.

But the job offered that multiple approach he liked. Besides, he could use this job as a jumping board to return to MCG as head of its program.

"This job was temporary in my own mind," Mr. Allen said. "I wanted to be head of the school in Georgia, but I knew I had to go away and come back, because otherwise I would be a student forever."

But when he got to Purdue, he really got involved in the opportunity to develop a service program from the ground up.

He's been there since 1959—except for sabbaticals at Yale University School of Medicine and the University of South Alabama Medical School—slowly building the program that provides educational materials and documents research projects.

He also has been the co-investigator on a few research projects of his own, including a National Institutes of Health special projects grant for videotaping case histories and a current grant from the Geraldine Rockefeller Dodge Foundation to investigate the development of a computer graphic alternative to the use of animals in education.

And while Mr. Allen said he still does some board illustration, he's mainly the quarterback of a 10-member team producing everything from drawings to computer and television graphics.

"Before you turn around, we'll be using 3-D computer graphics and animation," he said.

"There was a tremendous amount of gratification (at MCG) seeing that a person is satisfied with their prosthetic work, so working with humans was very rewarding," Mr. Allen said.

"Likewise, there are rewarding things about veterinary medicine. There is a greater reward here seeing progress with the students, because we're very involved with the students from their freshman to senior year." ■

AMI Well Represented by MCG

About 20 percent of the first fellows named in the Association of Medical Illustrators are graduates of the medical illustration program at the Medical College of Georgia.

Of the first 50 fellows inducted in 1988, eight are MCG graduates. Another inductee, Dr. William J. Stenstrom, is the current chairman of the Department of Medical Illustration at MCG.

The honor of being named a fellow of AMI is a formal recognition of members who have contributed time and effort to the association in volunteer participation and service.

The MCG alumni who were among the first AMI fellows are Algernon R. Allen, Donald E. Biggerstaff, Octavia Garlington, A. Harry Germagian, Steven J. Harrison, Joel Ito, George C. Lynch and William B. Westwood. ■

Three Graduate Faculty Honored

The Medical College of Georgia Graduate Faculty Senate honored three graduate faculty during its June 5 assembly.

The School of Graduate Studies' senate annually recognizes colleagues who distinguish themselves in the fields of service, teaching and research.

This year's recipient of the Distinguished Service Award is Dr. Thomas M. Nosek, associate professor of physiology and endocrinology. Dr. Nosek, an MCG faculty member since 1976, has served as chairman of the Physiology Department Graduate Committee and the Graduate Program Development Committee.

He has served on the executive committee of the Graduate Faculty Organization and the Faculty Affairs Committee. He also has served on four graduate student research committees and on the School of Medicine Faculty Senate. He has received more than $500,000 in research grants while at MCG.

Dr. Dale W. Sickles, associate professor of anatomy, received the Distinguished Teaching Award. Dr. Sickles, a faculty member since 1978, has taught graduate courses in gross anatomy, histology, histochemistry, cell biology, axoplasmic transport and toxicology. He is coordinator of the anatomy seminar series and is director of the anatomy graduate program.

He is chairman of the Student Affairs Committee and past chairman of the Graduate Faculty Senate. Dr. Sickles was named medical educator of the year by the MCG School of Medicine class of 1991.

Dr. Fredrick H. Leibach, professor of cell and molecular biology, received the Distinguished Research Award. Dr. Leibach, a faculty member since 1967, has published 103 papers in refereed journals and is the recipient of more than $2 million in research grants.

He is the principal investigator of two National Institutes of Health grants and co-principal investigator of a third. Dr. Leibach is past president of the School of Medicine Faculty Senate. ■

Dean Greenbaum speaks to Graduate Studies students prior to hooding ceremony.

Researcher Taking New Look at Digitalis

Christine Hurley Deriso

A Medical College of Georgia researcher is taming a lifesaving but potentially lethal drug used medicinally for 3,000 years.

Dr. Robert W. Caldwell, chairman of the Department of Pharmacology and Toxicology at the Medical College of Georgia, is probing digitalis, a drug derived from certain plant leaves.

The drug has been used for centuries to treat heart failure. "It works by acting on the surface of the heart cells, inhibiting a protein which pumps sodium out of the cells," Dr. Caldwell said. "As a consequence, calcium builds up in the cell." Calcium is necessary for muscles to contract. The drug thus prods an overburdened or fatigued heart muscle to keep pumping.

Digitalis also has been used for about a century to treat irregular heart rates in the upper chambers of the heart. There, it reduces the ability of nerve impulses to reach heart ventricles and potentially cause irregular beats.

"The danger in these arrhythmias is that the heart muscle contracts too rapidly," Dr. Caldwell said. "Digitalis reduces the rate to a safe level."

But despite its lifesaving abilities, digitalis is highly toxic. "Digitalis has always had a low margin of safety," Dr. Caldwell said. "As a drug, it's a bit difficult to manage."

Problems include the drug's penetration to the brain, which can result in vision problems and, ironically, heart arrhythmia, one of the very conditions it treats. Death can result.

Dr. Caldwell emphasized that the side effects are usually avoided because of the medical community's cautious approach to the drug. "Physicians realize the problems and have adapted to a low therapeutic index," he said. The lowest effective dosage is the rule of thumb.

But Dr. Caldwell is discovering ways to retain the effectiveness of the drug while reducing its toxicity.

His research, which spans 15 years and is funded by the National Institutes of Health, was spawned by the recent discovery of previously unknown forms of digitalis in certain Asian plants.

"These digitalis agents are polar; they have a charge," Dr. Caldwell said. The agents activate nerve reflex receptors in the heart. They are not attracted to those receptors in arteries. Thus, they target the heart specifically.

"Because of the charge, they don't penetrate certain membrane barriers," including that protecting the brain, he said. Consequently, they are less toxic. "They may prove to be much safer agents in heart failure and atrial arrhythmias."

And these less-toxic forms of digitalis can be made semi-synthetically. But they don't have immediate clinical applications, Dr. Caldwell said, because they can only be taken intravenously. "Because they're polar, they're not absorbed when taken orally," he said. He is studying ways to change that, perhaps by combining the drug with an agent which will transport it into the blood stream.

Dr. Caldwell's research also is shedding new light on the intricacies of the cardiovascular system.

"We're now using these agents to study reflex controls of the cardiovascular system," he said. Since the agents only act on specific reflex receptors, he hopes that studying how they work will result in new drugs that can be targeted to specific reflex receptors. ■

School of Graduate Studies Alumni Association

Officers

John Black, *president*
1015 Milledge Road
Augusta, Ga., 30904
(404) 733–7982

Dave Welter, *past president*
Jan Scholer, *president elect*
Kathleen M. Trotter, *secretary*
Carol Lapp, *treasurer*

Board of Directors

John Peduto
Carolyn C. Gaffney
Gene Bruker
Kathy Bradley
Charles R. Kiefer
David J. Mascaro
Patricia C. Nayyar
Tony Creazzo
Norris O'Dell

Nominating Committee

Ken Roper
Elizabeth H. Cook
Dave Welter
Susanne Pursely-Crotteau
Anne Ruth Winningham

Dr. W. Gamewell Watson

Dr. Watson the Ultimate Deliveryman

Christine Hurley Deriso

It's 6:30 a.m. and Dr. Walter Gamewell Watson is padding down the hall at University Hospital. He stops by to check on a patient in the early stages of labor.

"You're doing just fine, sugah," he says in the quiet Southern drawl that has been reassuring mothers-to-be for 43 years.

He'll be by to check on the patient periodically throughout the day, in between office check-ups and possibly a surgery or two. And if the baby decides to wait until midnight to make his appearance, Dr. Watson will be there to usher him into the world.

Dr. Watson (Curly to his friends) has delivered some 12,000 babies since he hung his shingle in Augusta in 1947.

"In the peak days, I averaged delivering 50 babies a month," he says, his voice so filled with pride that one wonders if he could click off all 12,000 names.

Not quite, but Dr. Watson says he shares a special bond with every patient. "My patients are like family," he says. "I feel for them and I feel close to them. If you don't feel that way, it's best to make a change."

Dr. Watson decided early in life that no profession could be more fulfilling than medicine. "But back in the '30's, things were kind of tight," he recalls. So rather than burden his father an Edgefield County postmaster, with the expense of a medical education, Dr Watson formulated a long-term plan. He earned an undergraduate degree at the Citadel, then taught and coached high school students for seven years while earning money for medical school.

He kept his dream on track: In 1943, he earned his medical degree from the Medical College of Georgia.

He interned and performed his residency at University Hospital during the next two years, then married and spent two years serving in the Korean War. In 1947, he joined an Augusta obstetrics/gynecology private practice founded by Dr. J.W. Thurmond, Sen. Strom Thurmond's brother.

His wife, Audrey, accepted from the outset that her husband wasn't likely to spend many evenings sitting in front of the television set. While she kept things running smoothly at home with their five children, Dr. Watson tended to his patients. His work days began before sunrise and ended... well, whenever.

"I work until I get through," he says simply. "(Until recently), I worked at least five nights a week."

And at age 80, Dr. Watson has only minimally slowed his pace. He shares his practice with five partners, which lightens his load somewhat. But Dr. Watson has no interest in too light a load.

"Yes, ma'am, I'm a workaholic," he offers unabashedly. "My wife's given up on me. In fact, my family tells me I can never retire. They couldn't stand me at home."

Even when he is home, he's antsy unless he's busy. "You'll never find me in the house in the daytime," he says. Instead, he's doing yardwork, or playing with his 16 grandchildren, or volunteering for his church or community—doing whatever he's needed for.

And being needed is the crux of his commitment to medicine.

"That's my life," he says softly. "It's my work and my duty. It's my life's ambition. It's my life."

And that life is full of rewards. "I love seeing life," he says. "Delivering babies is never routine. I'm always concerned and anxious for things to turn out satisfactorily."

When they don't, he never quite gets over it. "I coached ball for seven years and had a pretty good record. I don't remember the ones I won, but every game I lost, I'm still playing over in my mind. It's the same in medicine. What could I have done differently?"

When he has a sick patient, he thinks of little else. "If I have 15 minutes to sleep, I'll sleep 13 of them—unless I have a sick patient," he says. "Then I can't sleep anyway. If you had all night to sleep, you can't sleep with a sick patient."

Dr. Watson is grateful for the medical advances that have helped ensure his patients' good health. He vividly remembers the early days of his practice when drugs to treat infection were non-existent and methods of anesthesia fell considerably short of ideal.

But not all changes in the medical field have suited him. "I used to pay $30.20 a year in malpractice insurance," he says, shaking his head at the thought of the tens of thousands of dollars he and fellow obstetricians pay now. He also occasionally finds himself bucking heads with insurance companies when their ideas differ about how much time a patient should spend in the hospital. He generally wins his battles. "I do what's best for the patient," he says simply.

Does he ever plan to pack up his shingle and bid his patients goodbye? "I'm gonna retire the day I stop worrying about patients and the day I stop caring about increasing my knowledge. Not before."

In the meantime, he'll proceed the only way he knows how: full steam ahead. He and his wife remain active in the North Augusta community. (He's collected a slew of awards, including having the North Augusta High School yearbook dedicated to him for his years of providing physical exams for the school's athletes.)

And if he ever feels overwhelmed by his responsibities, he'll just turn on the Ernie Ford tape that he listens to as he drives to the hospital: "Yesterday is gone and I may not see tomorrow," he paraphrases, "but I'll live the best I can today and be the best that I can be, one day at a time." ■

Dean's Interlude

Dr. Gregory L. Eastwood

Several months ago, we moved into a new house. I was up in the attic unpacking boxes and came across one that contained some of my old medical school yearbooks. I immediately sat down and thumbed through, looking, of course, for photos of myself and my friends. There I was, in the company of my classmates (mostly men), dressed in white shirts and ties, attentively listening to our instructor.

Here at MCG, some of my

faculty have expressed to me their concern about the dress of today's medical students, and I have verified now in two medical schools over the past decade from personal experience that first- and second-year medical students indeed have changed their dress code: cutoffs and polo shirts outnumber slacks and dress shirts 8-to-1, and ties are as rare as sandals were 25 years ago.

There is no question that conditions have changed for medical students and medical schools. First, the ratio of the number of applicants to the number of places available in medical school has fallen from nearly 3-to-1 to less than 2-to-1over the past 15 years. Also, women comprise over 40 percent of many medical school classes and minorities have increased in number. Further, the amount of medical knowledge has increased dramatically and both faculty and students feel the need to pack more into the four years of medical school. Conditions after medical school, particularly with respect to the practice of medicine, also have changed, leading some physicians to discourage their children and young friends from considering medicine as a career.

These changes have prompted some physicians to ask whether today's medical students have the same dedication, respect and, indeed, compulsion to get the job done, as of yore. That is a difficult question to answer. That question has been asked in one form or another by the older generation of the younger generation for all of recorded history.

It seems to me that today's medical students, with their contemporaries who are not in medical school, are marching to a somewhat different tune, a tune that is not necessarily discordant with the aims and high calling of medicine. Our medical students are MCG are dedicated, respectful and hard-working, although the outward manifestations of those qualities may be different.

My faith in our medical students received a great boost last April. I had the privilege to participate in the memorial service honoring the people who donated their bodies for gross anatomy. This service was organized and conducted by our first-year medical students. I listened to the music, the readings of original poetry and expressions of gratitude to the unknown souls who had given their bodies so that, quite literally, death could enable life. I was deeply moved, as were all who attended. These are dedicated, respectful and hard-working medical students. In my medical school over 25 years ago, we had no such thing as a memorial service for our cadavers. Now, that is a change! ■

Dean Laying Groundwork for Future

Toni Baker

The Medical College of Georgia School of Medicine is committed to rewarding and nuturing excellence wherever excellence is found, says the school's dean.

And Dean Gregory L. Eastwood believes the faculty need look no further than their own back yards to find it.

"Last week Dr. James Bentley, vice president for clinical services at the American Association of Medical Colleges, was here to speak to the annual meeting of the medical and dental staff of MCG Hospital," Dr. Eastwood said.

"At the beginning of his comments, he said, 'You have not been as visible as your accomplishments merit.' We have accomplished much and we intend to accomplish much more. And we intend to be more visable," Dr. Eastwood told medical school faculty May 29 in his first state of the school address.

"Within the past two weeks I also heard someone say, 'We are better than what we are given credit for.' Perhaps it is also accurate to say that we are better than we give ourselves credit for," said Dr. Eastwood, who assumed his duties in September.

"It is time that we recognize our own worth and our par and make the music that we are capable of. Because our music already is better than it sounds," said the dean, who turned to Mark Twain's reflections on Richard Wagner's music to analogize his own perceptions of the MCG School of Medicine.

Mr. Twain wrote of the "howlings and wailings and shriekings" of Wagner's opera but said, "Wagner's music is better than it sounds."

"Since my arrival here eight months ago, I have heard some 'howlings and wailings and shriekings,'" Dr. Eastwood said. "I have also heard beautiful music that is very complex, that often speaks of hope and expectation; at other times speaks of discouragement and disappointment, but is sometimes difficult to understand."

The dean pointed to the school's vast resources in space and money and, most importantly, people.

He chose his first state of the school address to try to clear up some misunderstandings among those people and to clear the path toward the future.

"We are in a time of change... You have to accept change as a part of the process of achieving excellence. However, change engenders feelings of insecurity and instability," he said.

He pointed to last two years which have brought a new president and a new dean, and to the near future in which chairmen will be named for several major departments.

"Within the next year, through the natural processes of retirement and reassignment of positions, there will be a new associate dean of students and a new associate dean for minority affairs. The minority affairs office will be expanded to include not only students, but housestaff and faculty, because I think there's a very important relationship between minority faculty and minority students."

He cited the obvious emphasis on research and said he talks with potential faculty about their potential contributions to the area.

"I have heard some faculty say that the only thing that the administration of the school is interested in is research. That's not true. That is absolutely not true," Dr. Eastwood said. "We are committed to fulfilling our mission in research, of course. But we are also committed to rewarding and nuturing excellence wherever we find it, in research and in education and in patient care."

One of his goals is uniform understanding of expectations for promotion and tenure so that every recommendation by a chairman for promotion and tenure will be granted by the Appointments, Promotions, Development and Tenure Committee. "We know that doesn't happen now." He concedes that goal may take a few years to reach.

Another goal is to create an atmosphere of support. "We are not looking to get rid of faculty. We are looking to support faculty and we are looking to identify areas perhaps where we can help faculty improve performance."

He looks to departmental chairmen and to himself to guide and encourage faculty. He also is exploring the possibility of an associate dean for faculty development, "a person who will provide the resources for grant writing, for developing teaching skills and will be a resources person to departmental chairs and others in nurturing and guiding the careers of faculty."

Dr. Eastwood also is working to address students' concerns and needs. He has established the dean's bull pen, a monthly infor-

mal gathering where faculty, students and the dean eat tacos and talk. And he meets with class officers and minority-student groups occasionally to get their feelings.

"Students tell me they feel a lack of identity with medicine when they come here in the first year. Both students and sometimes faculty complain there is no relevance or there is a lack of relevance of the curriculum to their careers or their anticipated careers as physicians."

These issues are not unique to MCG. But to address them, Dr. Eastwood has asked the Ad Hoc Curriculum Review Committee for a set of recommendations that can be implemented within the next academic year and a set with more long-range goals.

Short-term recommendations include pairing first-year students who want to know more about clinical activities with third-year students who are on clinical rotations, and more input from the clinical faculty into the basic science curriculum.

The school also is exploring such areas as the mastery-learning concept, in which a student moves on after demonstrating mastery of a particular area.

The academic future will include more computer technology.

"I have a fantasy that a student might graduate from here already knowing that when he goes home at night, he can plug his computer into a modum that connects with the library. There's an interactive disk so he can teach himself because he learned that in the mastery-learning part of the curriculum.

"And then when he goes off to his residency 500 miles from here and takes his computer with him, he plugs in the modum and still learns. I don't know if that is realistic or not. But I think something like that is worth investigating and developing," Dr. Eastwood said.

"The future will hold many changes," he said. "There will be new people here... There will be new programs in rural health. There will be new programs in aging. There will be changes that are related to our role as a standing regional and national influence. All these changes will bring with them some instability. But I think they will bring also opportunity." ■

Dr. Collins Installed as President of Medical Association

Dr. William C. Collins ('62) was installed in May as president of the Medical Association of Georgia, the professional and educational organization of the state's physicians.

Dr. Collins, a native of Forsyth, Ga., is an orthopedic surgeon practicing in Atlanta.

During his installation speech, he challenged his colleagues to address the problems of medicine that will follow us into the next century.

"Problems of public health, of medicine and its relationship to environmental issues of health, the continuing drug use crisis and protection and proper evaluation of athletes participating in high school and college athletics in this state will be some areas we will want to give our attention next year," he said. ■

Class Notes

Dr. Paul J. Giles Jr., Vidalia, Ga., has been elected to fellowship in the American College of Cardiology. He is in private cardiology practice in Vidalia.

Dr. Frank Carter ('53), Nashville, Ga., a general practitioner, recently was honored by having the Berrien High School's baseball field named the Dr. Frank Carter Field for his continuous support and contributions.

Dr. Arthur F. DiSalvo ('65), Columbia, S.C., has been named editor-in-chief of Mycopathologia, an international journal concerned with human and animal diseases, plant pathogens and toxin production from fungi. The journal offices are in Dodrecht, Netherlands.

Dr. Van Cise Knowles ('66), Albany, Ga., a general surgeon, is president of the Dougherty County Medical Society and past president of the Moretz Surgical Society.

Dr. Samuel E. Wood ('67), Walterboro, S.C., practices diagnostic radiology at the Colleton Regional Hospital. He is the 1990-91 president of the South Carolina Radiological Society and was the 1988-90 chairman of the Colleton Regional Hospital Board of Trustees. The Colleton County Mental Retardation Center has been renamed the Samuel E. Wood Center in recognition of his efforts on behalf of the developmentally disabled.

Dr. Jabez Drion Marshall ('69), Augusta, joined the West Augusta Obstetrics/Gynecology Associates in February. He had previously been an obstetrician/gynecologist in private practice in Odessa, Texas.

Dr. James L. Gentry ('77), a captain in the U.S. Navy Medical Corps, assumed command of the Naval Hospital in Camp Lejeune, N.C., May 15.

Dr. Stuart J. Padove ('72), Birmingham, Ala., was elected president of the Alabama Thoracic Society at the annual tri-state Thoracic Society Meeting Jan. 19 at Orange Beach, Ala.

Navy Cmdr. Robertson D. Loar ('74), recently returned to Long Beach, Calif., from deployment to the Western Pacific and Indian Oceans while serving aboard the battleship USS New Jersey.

Dr. David W. Retterbush ('77), Valdosta, Ga., was elected chief of surgery at the South Georgia Medical Center.

Dr. Stephen T. Worsham ('77), Charleston, S.C., has begun a pediatrics practice in Charleston.

Dr. Christopher U. Cates ('82), Atlanta, has been named a full partner with Atlanta Medical Associates. He specializes in cardiology with special interest in invasive/interventional cardiology, which includes cardiac catheterization, coronary angioplasty, peripheral angioplasty and laser angioplasty. He also is a nuclear cardiology expert. He and wife Joy have three children.

Obituaries

Dr. Robert P. Coggins, Marietta, died Dec. 13 at age 65. Dr. Coggins practiced medicine in Marietta for 34 years. He assembled more than 230 distinguished works of Southern art, which were bought in August for the Morris Museum of Art, to be established in Augusta by William S. Morris III, chairman and chief executive officer of Morris Communications Corp. The collection is considered one of the most significant of its kind. Dr. Coggins is survived by three daughters, three sons and a granddaughter. ■

School of Medicine Alumni Association Officers

President
(Term ends 1991)
Ollie O. McGahee Jr., M.D.
P.O. Box 937
Jesup, Ga. 31545

President-Elect
(Term ends 1991)
Samuel M. Goodrich, M.D.

First Vice President
(Term ends 1991)
Charles H. Wray, M.D.

Second Vice President
(Term ends 1991)
Chappell A. Collins Jr., M.D.

Secretary/Treasurer
(Term ends 1993)
A. Bleakley Chandler, M.D.

Board of Directors
(Terms end 1991)
Peter Payne, M.D.
Irving Victor, M.D.

(Terms end 1992)
Cecil Whitaker Jr., M.D.
Sidney Bell, M.D.

(Terms end 1993)
Sandra N. Freedman, M.D.
Alva L. Mayes Jr., M.D.

(All past presidents of the SMAA are lifetime members of the board.)

Dr. Lambert Named Nursing School Dean

Christine Hurley Deriso

Dr. Vickie A. Lambert, associate dean of nursing at Case Western Reserve University's Bolton School of Nursing, has been named dean of the Medical College of Goergia School of Nursing.

Dr. Francis J. Tedesco, president of MCG, recommended Dr. Lambert as dean to the University System of Georgia Board of Regents, who approved the nomination during a June 13 meeting.

Dr. Lambert began July 1, succeeding Dr. Mary E. Conway, who retired June 30 after serving as dean since 1980.

"I'm delighted Dr. Lambert is on board," Dr. Tedesco said. "I'm confident she'll continue the progress Dr. Conway has made."

Dr. Lambert said she is anxious to pick up where Dr. Conway left off. "I am just absolutely ecstatic about being named dean," she said. "I look forward to working with the faculty. This will be a nice challenge for me and an exciting one."

Dr. Lambert, a native of South Dakota, earned a bachelor's degree in nursing from the University of Iowa in 1966. She earned a master's degree in nursing from Case Western Reserve University in 1973 and a doctorate in nursing science from the University of California in San Francisco in 1981.

She joined the MCG faculty in 1982 as associate professor of adult nursing and was acting chairman of nursing administration from 1982 to 1983. She was coordinator of the nursing school's doctoral program from 1984 to 1985. She then accepted a position as associate professor at George Mason University in Fairfax, Va., which she held until 1988. She has held her current position at Case Western Reserve University since then.

Dr. Lambert and her husband, Clinton, have a daughter, Alexandra, 19. ■

Dr. Vickie Lambert talks with alumni association president Jeanette Brown, vice president Carrie Fields and development representative Shirley Taylor.

From the Alumni Association President

Jeanette Brown

As alumni association president, I want to encourage all of our alumni to join the alumni association now and be a part of helping the MCG School of Nursing grow and become the best school in the country.

It is your school. Let's join together and become a strong alumni association that keeps its alumni united, informed and strong. We can make a difference if you will join. We have 3,261 alumni and only 284 members of the association. We want everyone's participation, including those not active in nursing. Whether you're active in the profession or not, you undoubtedly care deeply about nursing. Your participation in the alumni association is a chance to demonstrate that care and to maintain an active link to the profession.

We can accomplish so much if we join forces. We would like to build our scholarship programs for students, educational programs for alumni, recognition of our alumni in MCG publications and regional dinners to keep alumni informed and together. Of course, many of these plans require funds, which is why your alumni association dues are so important. Consider how much good your annual $20, combined with that of your fellow alumni, can do. Even if you can't be active in the association or come to any events, your financial support is extremely important.

Our alumni summer board meeting was held at the Alumni Center in July. We all enjoyed meeting our new dean, Dr. Vickie Lambert, and hearing some of her exciting plans for the school. We want you to meet her also. Mark your calendars now to attend Homecoming May 2. She will also be at our regional dinners.

Speaking of Homecoming, we promise you an exciting evening at the newly renovated Old Medical College with wonderful food prepared by one of Augusta's finest and most popular caterers.

But Homecoming isn't our only opportunity to get together during the year. Plans are under way for regional dinners in Atlanta and Augusta. Future plans call for more of these dinners throughout Georgia. The dinners are a great opportunity for our alumni to meet our dean and other key members of our association in order to build a strong bond to meet the needs of our alumni and school. At these dinners, you can reacquaint yourselves with fellow classmates and promote the nursing profession.

The dinners also give you a chance to hear about the exciting developments within the MCG School of Nursing. Dr. Lambert has many plans and goals, and the school is already brimming with activity. The school's Center for Nursing Research is spawning new knowledge about AIDS, the mental health of the elderly, rural health care—the list goes on and on. And our faculty continue to groom students for their roles as caring, competent members of the nursing profession.

Also, the alumni association will sponsor a luncheon during the Georgia Nurses Association convention at Jekyll Island. The luncheon will be in the ball room at the Holiday Inn Beach Resort Oct. 18 at noon. If you are attending the convention, please plan to join us for lunch.

Please don't lose touch with such a vital and thriving school. The MCG Division of Alumni Activities, which coordinates Homecoming and other alumni functions, is at your disposal to ensure your connection to your alma mater. Shirley Taylor is our representative and she's doing a wonderful job. And MCG's quarterly magazine, *Medical College of Georgia Today,* will keep you updated about the school and your fellow alumni.

Thanks for considering your commitment to the school, and please help us keep our files updated by calling us at 1–800–869–1113 if you have a new address. I look forward to working with you this year. ■

Grant to Probe Self-Esteem of Young Blacks

Christine Hurley Deriso

A Medical College of Georgia faculty member is interested in that half of the teen-pregnancy equation that society tends to discount: the fathers.

Alton W. Spells, community projects coordinator of the Medical College of Georgia School of Nursing Rural Health Outreach Program, has been awarded a $48,000 grant to promote the self-esteem of young black males in rural Georgia. He hopes that providing role models and bolstering the self-image of this group will lead to a decreased teen-pregnancy rate.

The W.K. Kellogg Foundation of Battle Creek, Mich., has established a Kellogg International Leadership Program to help develop leaders to improve human services at the community level throughout the world. Mr. Spells is one of 60 people from 17 countries chosen as the program's first group of fellows. The fellows include members from the fields of health, social services, agriculture and education.

"These 30 men and 30 women are people with demonstrated leadership abilities from projects which are community-based and have the potential to involve a variety of agencies and disciplines," said Ronald W. Richards, director of the International Leadership Program.

The fellows will receive grant money over three years to develop and implement a project to address a community need. Fellows also will attend regional and international seminars coordinated by the foundation staff.

Mr. Spells' project will involve developing programs to bolster the self-esteem of young black males in Jefferson County. "Many of these young men come from single-parent households and tend to have low self-esteem and high dropout rates," Mr. Spells said.

This combination of factors contributes to the high pregnancy rate of Jefferson County teens, he said. As community projects director of the rural health outreach program, Mr. Spells obtains data about maternal-infant health care in the community. He hopes that working with young men will reduce the teen pregnancy rate.

"This is a means of attacking the problem from a different angle," he said. "We have young males who are taking no responsibility for their actions. We're hoping to teach them better decision-making skills and encourage them to make decisions in the best interest of themselves and the community."

Mr. Spells will coordinate a group of volunteers to establish programs for the young men. The first step will be to open to the doors of communication, he said.

"These kids have some ideas and concepts. I'm not saying they're the right ideas, but we have to take the time to listen. Then, adults can teach them some skills and open them up to new ideas. It'll be a combination of tender loving care and a volunteer approach to tackling a longstanding problem in the community."

The volunteers also will work with the males' families, encouraging them to nurture their self-esteem. "We want to start building these people up and stop tearing them down," he said.

Mr. Spells hopes the grant sets a precedent for ongoing community commitment to the problem. "This will by no means be the answer to the problem," he said. "But it's a start." ■

Program Offers Diverse Experience in Rural Setting

Christine Hurley Deriso

Sandra Hoard spent her last quarter in nursing school training in a hospital emergency room. And on its maternity ward. And in its day-surgery unit. And in its pharmacy. And just about everywhere else in the hospital.

How did she happen upon such a diverse experience? Ms. Hoard, who graduated in June from the Medical College of Georgia School of Nursing, participated in the school's Preceptorship in Rural Hospitals program.

The program began five years ago and is funded by a U.S. Department of Health and Human Services Public Health Service training grant. It began in response to the critical shortage of nurses in rural Georgia areas, according to Jo-Ellen McDonough, instructor in the Department of Community Nursing and the project director.

"One of the big waves in health care is the rural area," she said. "But every year, the situation gets worse in rural America and you have to entice people to go to the rural areas."

Therefore, the program was started to give students a taste of rural nursing in hopes some would like it enough to return after graduation.

The program works by matching volunteer students in their final quarter of undergraduate nursing school with a nurse in a rural area. That nurse—the student's preceptor—trains and supervises the student throughout the quarter. The student receives a $150 stipend, funded by the grant, to defray traveling expenses.

But the students' real reward is an experience unmatched by any available in a large health-care setting, the participants said.

"I wanted a well-rounded experience," Ms. Hoard said as she neared the end of her preceptorship. "And I've gotten it. I've been able to run all over the hospital and see everything."

Nurses in larger hospitals tend to be much more specialized. "In some ways, participants in this program have to be generalists because they get much broader experience in the rural hospital," Ms. McDonough said. "You're more autonomous in some ways, because it's just you and your preceptor."

The eight students who participated this year agreed that the experience offered a great deal of autonomy and diversity.

"It's been such a good clinical experience," said Donna Sullivan. "I've gotten a broad background of experiences."

Classmate Donna Conrad concurred. "I got to see major surgery from initial incison to closure," she said. "Rural hospitals have the whole thing on a smaller scale. I was expected to

do things I probably wouldn't have been able to do in a bigger hospital."

The participants also enjoyed immersing themselves in the community to which they were assigned. Gina McHatton, who worked in a public health clinic, gave health lectures at schools and pitched in at health fairs.

Many of the participants intend to further their education, then return to a rural area—a dream come true for both the students and the needy rural areas, according to Ms. McDonough.

But rural nursing isn't for everybody. The program offered 29 positions this year and filled only eight. "There are a number of reasons: an unfamiliar area, family or work commitments, the perception of rural hospitals functioning at a lower standard... And some are hung up on ER-ism or ICU-ism," Ms. McDonough said.

The participants themselves noted some disadvantages, including inadequate staffing in some locations, staffers untrained in recent technological developments and hospital budget problems.

But these problems were the exception, they said. And for those attracted to rural areas, the advantages far outweigh the disadvantages.

"I'm interested in living in a rural community," Ms. Hargis said. "I'll be back." ■

Grant to Probe Nursing Relationships

Christine Hurley Deriso

Two Medical College of Georgia School of Nursing researchers have obtained a grant to study the relationship between nurses and nursing assistants.

The Washington, D.C.-based Fund for Research on Dispute Resolution will provide Drs. Cathryn Glanville and Arlene Lowenstein with approximately $54,000 to research "Racial and Class Conflict in the Health Care Workplace." Dr. Glanville is chairwoman of the Department of Parent/Child Nursing and Dr. Lowenstein is chairwoman of the Department of Nursing Administration.

The study should shed light on every aspect of the nurse-nursing assistant relationship, including factors influenced by race, Dr. Lowenstein said. "I think the study will be fascinating," she said. "There's very little research in the area."

The researchers will distribute questionnaires and interview health care workers throughout Georgia to obtain data. Their results should be available in about a year, Dr. Lowenstein said. ■

Dean Mary Conway presents dean's award to Caryne S. Edwards during the school's pinning ceremony.

Class Notes

Bettina Hall Campbell ('66), Greenville, S.C., is director of nursing at Westside Health Care, an 88-bed LTC facility. She was supervisor of the Home Health Care Greenville Hospital System from 1985 to 1987. She is married and has two sons, Jeff and Scott. She lived in Japan from 1974 to 1977 and in San Diego from 1978 to 1981.

Dr. Marti Rice ('74), Tallapoosa, Ga., is chairwoman of parent/child nursing at Georgia State University. She received her Ph.D. in research statistics from Georgia State in spring 1990. She is married to Pat Rice (School of Dentistry, '75) and they have two children: Brian, 2, and Jessica, 1.

Lawrence S. Lamb Jr. ('76), Columbia, S.C., is a senior pathology graduate student at the University of South Carolina School of Medicine. He plans to graduate in December.

Jane Weis Lewis ('77) is living in Dexter, Mo.

Jackie Calhoun Anderson (SONAT, '78), Cordele, has worked in the intensive care unit at Crisp Regional Hospital since 1984. She worked at Athens Regional Medical Center from 1978 to 1984. She and her husband, Larry, have two sons: Christopher, born in 1983, and Mathew, born in 1990.

Patricia Ann Baugh ('79), Milledgeville, Ga., took a rest from hospital nursing in labor and delivery and is working for her father's general practice as an office nurse. She was certified as a childbirth educator in 1989.

Dr. Gail C. Mornhinweg ('79), Louisville, Ky., was named a United States Air Force Reserve consultant to the surgeon general for nursing education from 1990-92 and received a research award for a proposal on nursing diagnosis by Iota Zeta, Sigma Theta Tau.

Dorothy Thrasher Ramsey ('87), Phoenix, Az., is a charge nurse in the admissions unit of Arizona State Hospital. She is working on a proposal to start a nurse-managed delivery system for mentally ill patients. She married Kim Ramsey Dec. 26, 1987 and became a grandmother Feb. 23, 1989.

Julie Sorrells ('88), Raleigh, N.C., works in the Wake Medical Center Neurosurgical Intensive Care Unit.

Navy Ensign Amanda L. Caylor ('89), has completed the Officer Indoctrination School at the Naval Education and Training Center in Newport, R.I.

Debbie Sibley, Augusta, was elected secretary-treasurer of the fourth district of NAACOG, the organization for obstetric, gynecologic and neonatal nurses. Ms. Sibley is an OB/GYN clinical nurse specialist for University Hospital. ■

School of Nursing Alumni Association Officers

President
(Term ends 1991)
Jeanette Brown
728 Ravenel Road
Augusta, Ga.

Vice President
(Term ends 1991)
Carrie Fields

Secretary
(Term ends 1991)
Pat Revolinski

Treasurer
(Term ends 1991)
Peggy Bolger

Board of Directors
(Term ends 1991)
Suzanne Pursley Crotteau
Ruth Jump

(Term ends 1992)
Betty Beaman
Alice Till

Nominating Committee
Frances Knapp
Linda Tilby
Lou Gramling

13 Retire... *continued from page 18*

University of Toronto. He joined MCG as professor of periodontics and director of clinical nutrition in 1977 and was chairman from 1980 to 1987.

Dr. Conley, professor in the Department of Orthodontics, earned a doctor of dental sciences degree from the College of Physicians and Surgeons of San Francisco School of Dentistry. He joined MCG in 1970 as associate professor and was named professor in 1977.

Dr. Davis, associate professor in the Department of Restorative Dentistry, earned a doctor of dental sciences degree from the Emory University School of Dentistry and performed a prosthetic residency at Fitzsimons General Hospital in Denver. He served in the United States Army Dental Corps from 1952 to 1975 and joined the MCG faculty in 1975.

Dr. Reynolds, professor and coordinator of occlusion in the Department of Restorative Dentistry, earned a doctorate of dental sciences from the Medical College of Virginia. He joined the MCG faculty as a professor in 1974.

Retiring from the School of Medicine are Harold M. Conner and Drs. Herman F. Flanigin Jr., James B. Hudson, Holde Puchtler, Catherine E. Roesel and Elwyn A. Saunders.

Mr. Conner, instructor of pathology and director of surgical pathology and autopsy facilities, earned a degree of mortuary science from Upton-Jones College of Mortuary Science in Nashville, Tenn. He joined MCG as a research associate in 1972 and was named to his present position in 1979.

Dr. Flanigin, professor of neurosurgery and neurology, earned a doctorate in medicine from the University of Oklahoma School of Medicine and is board certified in neurological surgery and electroencephalography. He joined the MCG faculty as professor in 1980.

Dr. Hudson, professor of medicine and chief of the nephrology section, earned a medical degree from Boston University and is board certified in internal medicine and nephrology. He joined MCG in 1961 as assistant professor of medicine and was named professor in 1968.

Dr. Puchtler, professor in the Department of Pathology, earned a medical degree from the University of Koln School of Medicine in Germany. She joined the MCG pathology department in 1959 as research associate and was named professor in 1968.

Dr. Roesel, professor in the Department of Cell and Molecular Biology in the schools of medicine and graduate studies, earned a Ph.D. in bacteriology and immunology from the Washington University School of Medicine in St. Louis. She performed a fellowship at the Carnegie Institute of Washington's Department of Genetics in Cold Spring Harbor, N.Y. She joined MCG as in instructor of microbiology in 1951. She was named professor in 1975.

Dr. Saunders, professor in the Department of Surgery, earned a medical degree from the Medical College of South Carolina. He is certified by the American Board of Orthopaedic Surgery and the American Academy of Orthopaedic Surgery. He joined the MCG faculty in 1967 as chief orthopedic resident in the department's training program and was named professor in 1985. ■

AlumNews

Editor Christine Hurley Deriso

Writers Toni Baker
Christine Hurley Deriso
Ingrid Heggoy
David Waller

Design Tina Frix
Photography Phil Jones

Deadline for submitting information for publication in the spring issue of Alumnews is Nov. 12, 1990

Alumni! Let us know what's new with you by taking a moment to fill out this form. Also, please send us your curriculum vitae so we can keep your files up-to-date.

Today's date

Name

Phone

School graduated from

Degree Class year

Street address

City State Zip

❑ Check if new address

Present specialty and place of practice or training

Professional news

Personal news (b&w photos welcome)

Please send to : Christine Deriso; Alumni Center FI-100; Medical College of Georgia; Augusta, GA 30912

Bringing History to Life

With all of its resources, about the only thing the Medical College of Georgia can't change is its history. But thanks to the help of friends and alumni, MCG can now exhibit a little more pride in its history with the restoration of the Old Medical College.

"The Old Medical College building is the architectural heart of Augusta and Georgia,"said James M. Rosen, William S. Morris professor of art at Augusta College. "The restoration of this building restores the pulse of the downtown area."

Along with his vast knowledge of art, Mr. Rosen has studied architecture around the world and has evaluated and drawn some of the world's most famous structures. He was an architectural consultant for the new art building at the University of Hawaii and the renovation of the art building at Santa Rosa Junior College in Santa Rosa, Calif., among others.

Mr. Rosen received a master's degree in fine arts from Cranbrook Academy of Art and has taught art for over 30 years.

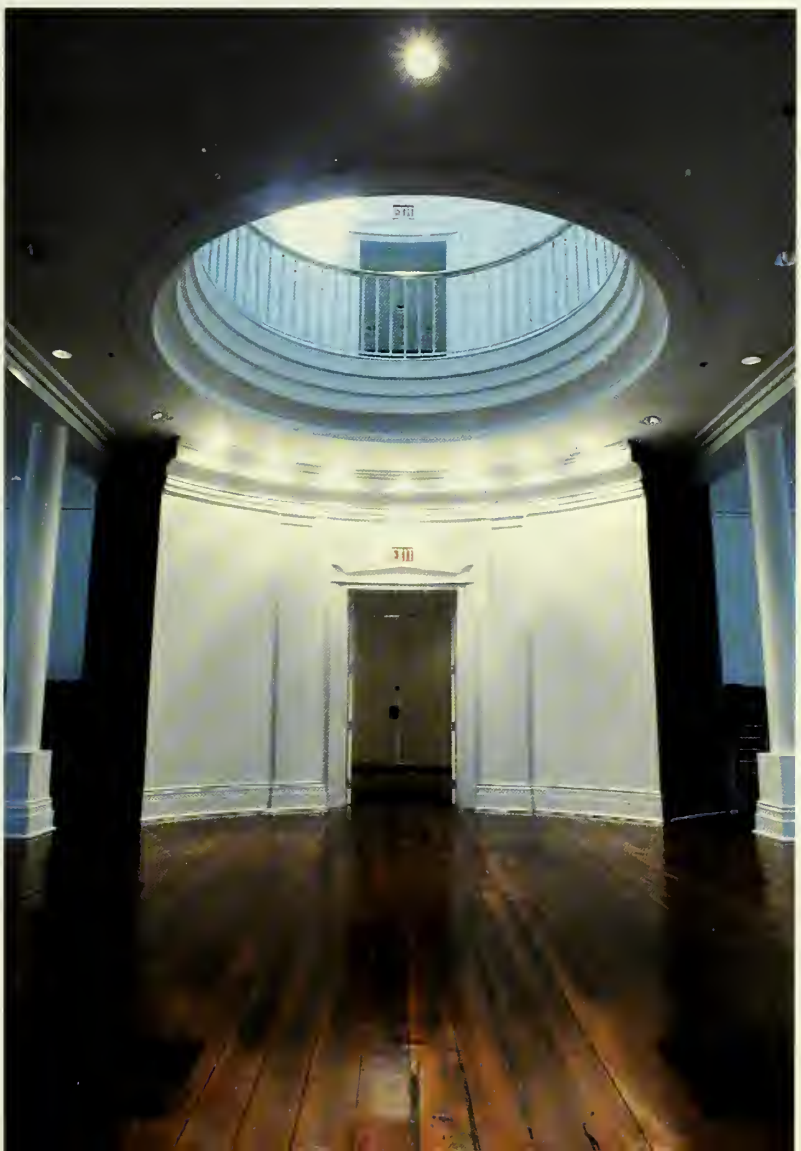
Work on the project was completed in August and resulted in a finished product that exceeded the imaginations of those who have been involved with it from the beginning, according to Dr. James Osborne, vice president for university advancement at MCG.

The building reveals a sensitivity for mechanical excellence and artistic vision, according to Mr. Rosen. Charles Cluskey, the building's original architect, had the same passion and understanding of architecture that MCG founder Dr. Milton Antony had for medicine, he said.

"The forms Cluskey gave the building were the equivalent for the deepest convictions he had about architecture," Mr. Rosen said. "The building itself is a metaphor for Antony's attitude toward medicine."

The focal point of the building is a domed rotunda. The light that enters through the dome spreads throughout the building like its lifeblood. By not reconstructing the walls that originally surrounded the rotunda, the visitor is allowed to complete the structure himself, thereby becoming an active part of the restoration. In effect the observer perfects the building, according to Mr. Rosen.

"The places where the rounded walls and the flat walls converge is sculpture, a meeting of two perfect surfaces, curved and plain," Mr. Rosen said.



Another important aspect of the building is its location, Mr. Rosen said.

"An architect has to consider the space that he is going to fill when designing a building," he said. "This building is sealed to this location. No matter where you look at the building from, it's special, like a tree. There are a number of optimum places for viewing. It discloses a particular quality at each distance," according to Mr. Rosen.

The best thing about the building is that Mr. Cluskey took good ideas and combined them in the right proportions, Mr. Rosen said. And he thinks Mr. Cluskey would be pleased with the renovation.

"It presents the spirit that I imagine his having when he was originally designing the building," Mr. Rosen said.

The building has many of the qualities of great buildings around the world and reminds Mr. Rosen of two structures in particular, the Tempietto San Pietro in Montorio, Rome and Le Corbusier Notre Dame Du Haut in Ronchamp, France.

"Even though these three buildings were designed hundreds of years apart, they address the same spirit," Mr. Rosen said.

The intangible qualities of the building must be experienced to be appreciated, he said.

The construction workers who spent countless days with the building said they felt they were engaged in something very special each time they entered the building.

"I would encourage anyone who has just seen pictures of the building or who hasn't seen it since the restoration was completed to make a trip to Augusta," Mr. Rosen said. "It can't be justly shown on film or reproduced two-dimensionally. It is an upright three-dimensional structure and must be experienced that way."

—David Waller

"I feel that I've been condemned to death, whether it's 24 hours from now or 10 years from now. No one likes to know it's coming."

"One of the main things I thought about...was how many people I have killed."

"I guess I'm not coping with it. I've allowed it to change my whole life, and that's probably why I'll lose my battle...."

Such are the reflections of those who are dying to live but are living with death. They have AIDS.

As the medical community tends to these patients' ravaged bodies, a Medical College of Georgia School of Nursing researcher is taking a deeper look into their souls. Dr. Nancy L. McCain, associate professor of adult nursing, wants to know how people cope with life in the face of death.

"We know very little about stress and coping in the AIDS population," said Dr. McCain, who began researching the subject in 1988 with Lou Gramling, a Ph.D. candidate in the School of Nursing. They set out to identify successful means of coping so they could develop techniques to help other AIDS patients deal with their stress.

Thirty-six AIDS patients participate in the study. Twenty were male and the average age was 32; 23 were single. Most had been diagnosed at least a year previously.

As the researchers interviewed the participants, they predictably found that they had tapped into a torrent of anguish.

Tapping the Torrent of Anguish

"It's a difficult population to work with because they're in so much pain," Dr. McCain said. "They have severe and multiple sources of stress."

As the patients shared their feelings and experiences, three emotional stages of the illness emerged. Dr. McCain labeled the first stage "living with dying."

"This is essentially a death sentence," she said. "They deal with a great deal of anger and depression."

As one participant related, the diagnosis was the hardest part of his ordeal. "Your most stressful experience was learning the diagnosis of HIV-positive and not knowing what that really meant concerning your future," he said.

Another concurred: "The most stressful event was getting the results. To be 30 years of age and ... condemned to death... I took it very hard. the first thing I wanted to do was deny it."

Others considered suicide, and many agonized over the fate of loved ones. "The women in the group were universally concerned about the health of their children," Dr. McCain said. "Some of them had HIV-positive children. One patient had two children die."

Their concern for others was probably a motivating factor in moving from stage one to stage two of their emotional journey, labeled "fighting the sickness."

"They begin to fight the sickness by taking better care of themselves," Dr. McCain said. "They concentrate on staying healthy."

Tending to their health seemed to be a means of tightening their grip on life. "All this has made me want to do is get on the horse and ride it harder because I don't know when the turn of events will happen," one participant said. "I couldn't look to tomorrow when I first found out, but now I'm okay as long as I eat right and take care of my body; that's my best defense against anything else happening."

Others developed diversion techniques during this period. "What I mostly do, I try to bury myself in my work," one said. "I take better care of myself, I started taking vitamins and getting a lot more sleep at night, staying home and watching TV, eating as much as I can."

Many discovered the importance of a good mental attitude at this stage. Some found strength in religion or philosophy; others just concentrated on purging negative thoughts.

But as their zeal to battle their disease grew, so did sources of stress. These included real or feared rejection, hospitalization, financial problems and the omnipresent betrayal of their bodies.

The progression of that betrayal marked the onset of their move to the third and final stage: "getting worn out."

"This stage is the reality of numerous physical problems," Dr. McCain said. "Patients describe this stage as losing ground, the stage at which they're facing death."

Participants' comments at this stage reflected a sense of resignation and fatigue. "I've allowed it to change my whole life," said one who died shortly thereafter.

But others continued to cling tenaciously to normalcy. "I push myself hard to keep from getting to a point to where I've lost so much ground," one said. "Any time we're sick or don't feel good, there's a fear that any lost ground of this illness (means) not recovering, like a battle, and any territory lost, you never reclaim."

Aside from these three emotional stages, Dr. McCain detected few generalizations in the participants' coping skills. "I couldn't say coping skills are related to race or age," she said. More significant to their coping success were their personal relationships.

"Some had quite positive attitudes. They learned to think positively about the experience. They pretty much lived for the moment, in the here and now. And those people tended to have better support structures," Dr. McCain said.

Based on her findings, Dr. McCain is developing a "dealing with illness" scale to measure the effectiveness of different stress management techniques. She and her co-investigators—Ms. Gramling, Dr. Cheryl Newman in the School of Medicine, Dr. Jolene Simon in the School of Nursing and student Glenda Bruno—are testing three techniques using 30 AIDS patients. A third of the patients participate in cognitive therapy. A third participate in relaxation and imagery, and the final third participate in biofeedback.

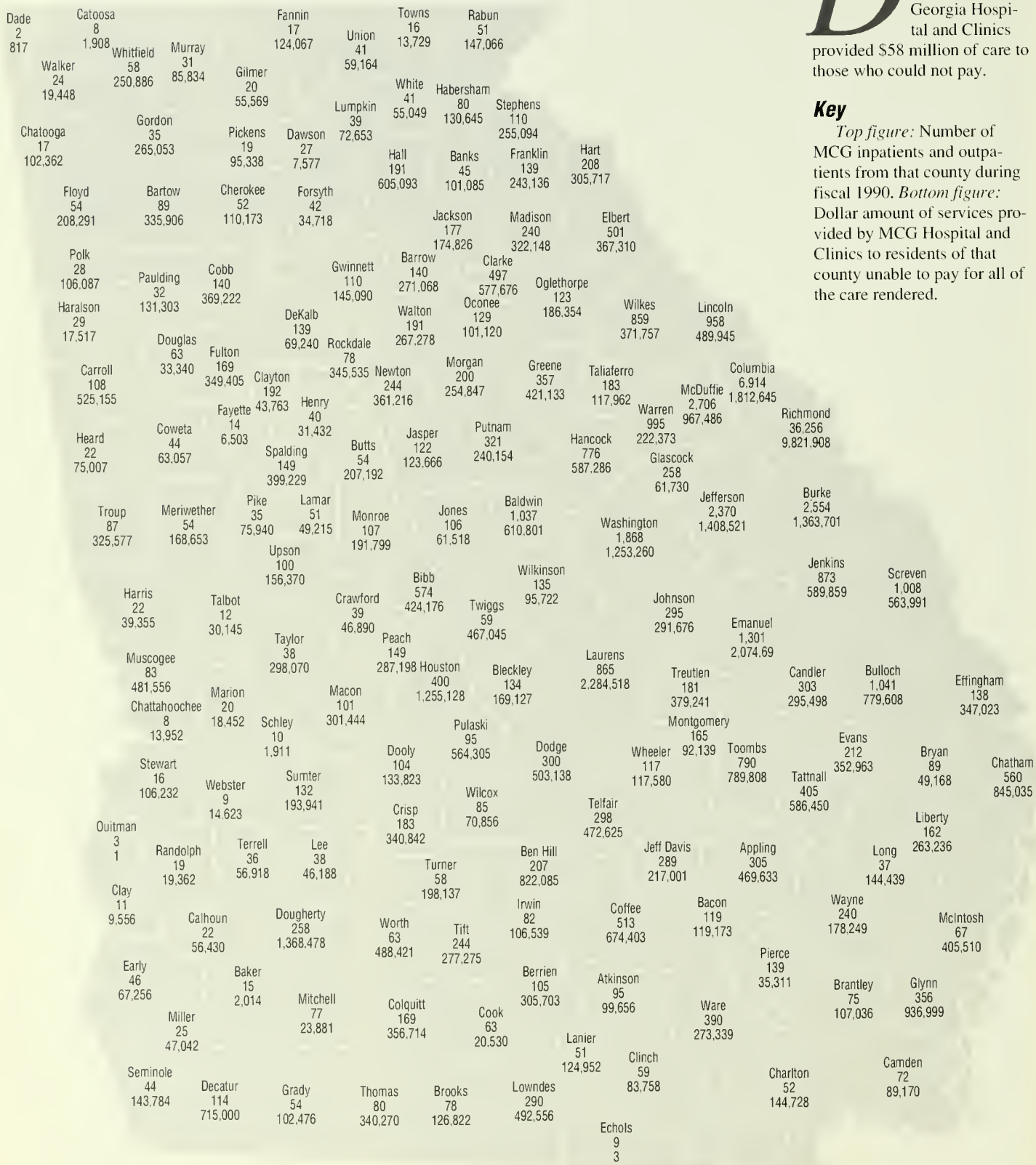
The investigators will measure the success of each technique in helping relieve stress. The results will be the foundation for a model for treating AIDS patients' emotional needs. And as Dr. McCain has discovered through her research, their emotional lives are in desperate need of tending.

—Christine Hurley Deriso

During fiscal year 1990, the Medical College of Georgia Hospital and Clinics provided $58 million of care to those who could not pay.

Key

Top figure: Number of MCG inpatients and outpatients from that county during fiscal 1990. *Bottom figure:* Dollar amount of services provided by MCG Hospital and Clinics to residents of that county unable to pay for all of the care rendered.



Medical College of Georgia Hospital and Clinics
Annual Report

Year in Review

The 1989–90 fiscal year was a year of investment for the Medical College of Georgia Hospital and Clinics —investment in our facilities, people and programs. Investments are being made at MCG Hospital and Clinics with immediate and long-term dividends in mind—dividends for the health care of our patients and personnel, now and in the future. We are taking an interest in our progress as a premier academic medical center.

New Center Progressing

The most evident investment of the hospital and clinics is its largest—a $37 million expansion that will consolidate all ambulatory and critical care services into new, more efficient and convenient structures. Ground was broken in December for the 350,000-square-foot Ambulatory Care Center/Specialized Care Center now under construction on Harper Street. The structural foundation has now been laid for the center. Figuratively, the foundation was laid more than four years ago with the development of a Strategic Master Plan and Facilities Master Plan for MCG. There have been a few modifications through the past five years, but the basic components are still here. The plan is becoming a reality.

CMC Progressing

In concert with construction of the center, a new Children's Medical Center is in the developmental stage and was placed this year on the Board of Regents' Capital Priority List. Construction of the CMC, designed with the needs of pediatric patients and their families in mind, should begin later this decade. In the interim, we are moving ahead with refurbishing the existing 100-bed CMC to better address the needs of our young patients. The renovations, funded by the hospital and proceeds from the Miracle Network Telethon, include cheerful wall and fabric colors, colorful diamond designs on the walls and floors and large photographs of children at play.

Renovations Under Way

Another facet of the year's development at MCG Hospital and Clinics was the continuation of renovations within the existing hospital and clinics. Major renovations under way include that of the Terrace Dining Room, the Ambulatory Surgery Procedure Center and the 4-South 4 Ancillary wings of the hospital.

The dining room is scheduled to open this fall. It is designed to create a relaxing dining atmosphere for employees, visitors and outpatients. Healthy eating alternatives and educational information on these alternatives to promote healthy lifestyles will be emphasized. During renovation, dining has been provided in the Hard Hat Cafe in a temporary building adjacent to the hospital.

The Ambulatory Surgery Procedure Center renovation is scheduled for completion this fall. The project includes a redesign of the Talmadge wing entrance and lobby, with an information desk to be provided for the convenience of visitors and patients. The center will include four operating rooms, one general-procedure room, eight preparation areas and a six-bed recovery room.

Renovations on the fourth floor of the hospital, scheduled for completion in early 1991, will provide nursing units for surgery and transplantation patients and offices for thoracic/cardiac surgery, transplantation and trauma sections. The renovation includes 30 private rooms and other services in a continuation of projects designed to provide attractive, comfortable surroundings for our patients while improving existing facilities.

Investments in People

As important as our investments in facilities is the hospital and clinics' investments in its people, the employees and staff of MCG. That investment is evident throughout the institution—from special training programs for managers to innovative salary/work schedules for health care givers to offering medical care and services for no more than the cost of current insurance premiums and deductibles.

The hospital and clinics employs 3,477 people, including housestaff members. The importance of each and every employee's role is being increasingly emphasized. This is seen in orientation, seminars offered through personnel and special programs for individual departments such as the *Recipe for Success* program for hospital dining services staff members. Employee recognition programs were established in ambulatory care services and Georgia War Veterans Nursing Home and continued in the Department of Nursing. Georgia War Veterans Nursing Home also has a new program designed to recognize employees who work an entire year without missing a scheduled work day.

Recognition of special service to patients continues through the *You've Been Singled Out* program. Close to 100 staff members were recognized for their special service and care for patients and their families during the year.

Photographs on pages 37–39 depict various renovation projects within the hospital and clinics. Above: 4 North nursing station

Recruitment Efforts Intensified

To meet challenges created by a shortage of nurses and allied health care professionals felt nationwide, the hospital and clinics continues to invest in the recruitment of qualified staff. During the past fiscal year, recruitment activities were stepped up and incentives provided. Staffing in the operating room was evaluated and reorganized. Despite the shortage of nurses, MCG Hospital and Clinics maintained its staffing standards. Of the 785 R.N. and 291 L.P.N. interviews coordinated through the Recruitment/Retention Office over the past year, only 106

registered nurses and 77 licensed practical nurses were hired.

GeorgiaCare Expanded

The hospital and clinics' investment in people through GeorgiaCare offers state and university system-insured employees a cost-saving benefit of having health care provided at MCG. Marketing GeorgiaCare to colleges and universities outside the Augusta area has been the focus of this fiscal year. The GeorgiaCare office processed 2,026 employee applications and 2,562 dependents for a total of 4,588 new memberships. To facilitate access for people living outside the Augusta area, a toll-free number was established for patient appointments.

Tobacco smoking in the hospital and clinics was banned as part of a campuswide initiative to invest in the future and health of MCG employees, patients and visitors. An employee survey taken six months after the ban went into effect revealed that a majority of employees have been positively affected. More than 12 percent of hospital and clinics employees said they have either reduced their smoking or quit completely because of the ban. A majority said their work environment has been improved because of it.

New Lab Opened

Prominent among programs enhanced by the hospital and clinics this year is the electrophysiology laboratory, the first available in Georgia. Arrhythmias can be induced and their effects on patients evaluated by specialists in this lab, allowing better-tailored treatment plans. A pediatric ground transport system is being developed and the dialysis program for patients dependent on sophisticated equipment to cleanse blood of impurities was expanded, as was the hospital's epilepsy surgery program. It is through these programs and more that MCG Hospital and Clinics demonstrates its commitment to and investment in the people of Georgia and the Southeast.

The Joint Commission on the Accreditation of Health Care Organizations awarded the hospital a three-year accreditation this year.

The year also marked an investment of a health care philanthropy in the MCG Hospital and Clinics to develop a plan to restructure hospital nursing services to enhance patient care. The Robert Wood Johnson Foundation and Pew Charitables Trusts invested in MCG's future with a $50,000 planning grant. The one-year planning project was awarded in July 1989.

The restructuring proposal also calls for "paired practice," the pairing of licensed practical nurses with registered nurses as a means of expanding professional nurse capacity, and development of a model to promote collaborative interactions among registered nurses, physicians and allied health professionals. Implementation also will entail modifying academic curriculum and inservice education to further promote the effectiveness of this investment in enhanced patient care.

Terrace Dining Room

Diabetes Center Thriving

The MCG Hospital and Clinics invested resources in diabetes treatment and education, dialysis, cardiac care, cancer and epilepsy this year. The Comprehensive Diabetes Care Center continues to provide care and education for diabetic patients and their families. Saturday and Thursday morning educational classes are held to help the diabetic live and work with his condition. Training sessions also are held monthly to keep health care professionals at MCG and the Department of Veterans Affairs Medical Center updated on diabetes. The Comprehensive Diabetes Care Center is a coordinated effort of MCG and the VA.

Renovations for the Comprehensive Cancer Center were completed during the year and consolidation of existing ambulatory services into the facility were begun. The dialysis unit is being expanded to add two outpatient stations and four inpatient stations to the facility on 5-North.

The Pain Management Center continues to be developed with efforts directed to functional rehabilitation for patients with chronic pain. Family medicine expanded its outpatient activities to serve an increasing number of GeorgiaCare patients.

Similar investments were made in Children's Medical Center programs. A pediatric transport program was developed to provide a team of nurses and physicians to transport critically ill children and adolescents within a 150-mile radius of Augusta to MCG's 10-bed pediatric intensive care unit. A second child-life specialist joined the staff of MCG's two-year-old Child Life Program, designed to make hospitalization and recovery more enjoyable for children. A permanent endowment for Project Wish and Camp Rainbow, programs for critically ill children, was established. Sixty-six children with cancer and 22 of their siblings went to Camp Rainbow this year. The 118th child since Project Wish began at MCG in 1985 had his wish come true.

ECMO Growing

The investments go on. A preliminary analysis was completed to define expansion needs of the neonatal intensive care unit. A crisis stabilization service for children up to 12 was established in Aiken, S.C., with the Aiken-Barnwell Mental Health Center. The Extra Corporeal Membrane Oxygenation (ECMO) program continues to grow, with 32 procedures performed in the fiscal year; 106 babies have been treated in its five-year existence. ECMO is a lifesaving procedure in which babies born with respiratory problems have oxygenated blood pumped into their bodies through neck arteries and veins, bypassing the lungs to give them time to heal and function properly.

Another program being developed to help the healing process has nothing to do with blood pumps and intensive care equipment. Instead, this program deals with paint brushes and guitars, violins and voices. It is *Arts in the Hospital*, developed through Volunteer Services. (See accompanying article.)

The Quality Assurance Program continued to develop at both the departmental and hospital-wide levels. Quality assurance programs are now functional in every clinical and support department of the hospital and clinics.

Training Program Instituted

Education, one of MCG's three focal points, is a major component of the hospital and clinics. One educational opportunity is the Health Management Institute, a special nine-month manager training program initiated by the hospital and clinics. Hospital magazine recognized the program as one of several in the country developed to help employees become better managers. HMI, begun last year by hospital management and the Division of Continuing Education, graduated 30 managers from throughout MCG and the Georgia War Veterans Nursing Home in its second class. The broad range of classroom topics includes accounting, marketing, budgeting, performance appraisal, speechmaking, decision-making styles, computer literacy, influence and authority, employee motivation and time management.

Another education opportunity is the administrative fellowship, which provides experience for students completing master of health or hospital administration degree requirements. The fellowship, recognized by the American College of Healthcare Executives, provides experience tailored to individual

and organizational needs. Fellows have access to the entire administrative team and participate in senior management meetings.

Research Booming

MCG Hospital and Clinics departments are committed to research, with an extensive number of projects carried out particularly in the Department of Nursing, the hospital pharmacy, occupational therapy and emergency services. Emergency services research includes continued participation in red blood cell deformability and various antibiotic efficacy studies in conjunction with the pharmacy department. Also, research data is being collected on caring behavior in the critical care environment. A major portion of nursing research during the year was related to Robert Wood Johnson Foundation and Pew Charitable Trusts planning and implementation proposals to strengthen hospital nursing. Nursing Research Committee projects included coordinating the MCG Research Symposium.

Drug studies in the pharmacy include dispensing, record-keeping, setting up protocols, repackaging and developing double-blind studies. Thirteen studies were begun in the departments of medicine, surgery, neurology and pediatrics in fiscal 1989-90.

Hospital Committed to Community

From teddy bears to campaigns to stop drinking drivers to river races to health screenings, MCG Hospital and Clinics' commitment to community service is evident. MCG volunteers joined with those from other Augusta-area hospitals to hold a teddy bear clinic and provide story hours at local library branches as part of Children in Hospitals Week.

Emergency services participated in Paine College's Upward Bound program for disadvantaged youths by presenting lectures to civic and school groups on the hazards of drinking and driving. The department also continued to serve as a work rehabilitation site for the Youthful Offender Program of the Juvenile Court System. The department also coordinated the emergency care support for River Race Augusta.

MCG's commitment to community service was again seen at the annual MCG/Augusta Red Cross Health Fair at Augusta Mall. More than 1,200 people were screened during the sixth annual health fair, staffed by about 250 MCG and Red Cross volunteers. Participants represented 28 Georgia counties and cities, 14 South Carolina counties and cities and 25 states.

Speech and hearing services provided speech and hearing screenings for local schoolchildren who otherwise would not have had the opportunity. Hospital and clinics staff members contributed more than $33,000 to the United Way in the 1989 campaign, and many departments had 100 percent participation. Employees began a recycling program in observance of National Hospital Week.

Volunteerism on the Rise

The names of MCG "family" are seen on the volunteer rosters and board memberships of any number of groups: the Kidney Foundation, the Council on AIDS, the American Red Cross, YWCA, YMCA, Cerebral Palsy Society, Safe Homes, March of Dimes, Children's Miracle Network Telethon, the Alzheimer's Disease Association, the Augusta Symphony...the list goes on.

These people are committed to their professions, their community and MCG. The MCG Hospital and Clinics has invested in them and they have made that investment worthwhile.

Investing in the future is something we take seriously. Investments in our people and our facilities are part of building a premier academic medical center for the citizens of Georgia and the Southeast.

Art Brightens Hospital Halls

Children's Medical Center

Patients and visitors to the main lobby of the Medical College of Georgia Hospital and Clinics during May found themselves surrounded by artwork.

The hospital sponsored an art competition and exhibition of paintings, drawings and prints entered in the first annual "Art in the Hospital Exhibition."

The competition is part of a larger *Art in the Hospital* program being developed by Judy Avrett, director of volunteer services. The program plans to bring visual and performing arts into the hospital throughout the year for enjoyment by patients, their families and hospital staff.

Over 200 works of art were submitted by 73 artists from throughout Georgia, South Carolina, Alabama and beyond. Forty pieces were selected for the exhibit and were displayed in the hospital.

"I would really call this exhibition a success from several standpoints," Ms. Avrett said. "We have had some people come in from the community to look at the exhibit, we have even had people come in from Atlanta to see it. It's also successful because it's given people something special to view and talk about, and it's a new experience for some of those who have come through the lobby."

The artwork was judged by Atlanta art consultant William Schinsky. The works were judged on their ability to uplift the spirit and to help support the healing process, values that Ms. Avrett said she and the committee coordinating the program will use to choose other art programs in the hospital.

"Our ultimate goal is to have a new exhibit every two months," she said. "That won't happen next year, but we will keep expanding the program."

The hospital bought one piece of artwork to hang permanently in the lobby. Admissions employees, volunteers and interior designer Shara Overstreet selected a work on paper by Barbara Brozik, an Atlanta artist, titled "Spring Dance." It now hangs behind the patient information desk in the main lobby.

Ms. Avrett coordinates the *Arts in the Hospital* program, but the individual exhibitions and performances are handled by volunteer committees. Nancy Mills, a local artist, is chairwoman of the visual arts committee and coordinated the art exhibit.

"This program is a way to bring in new volunteers to the hospital," Ms. Avrett said. "It brings in people with new interests and talent, and broadens the possibilities for our patients and staff."

Next year, Ms. Avrett hopes to have at least two performing arts programs in the hospital, perhaps a short play and a musical performance. Also planned are a faculty/staff art show, a black-artist exhibit during February, another juried art show similar to the one held in May, and possibly an individual artist's show and a medical illustration exhibit.

One performing art program has already been held this year. A group of children from the Augusta Mini Theater performed *Why Teachers Go Nuts* for pediatric patients at the Children's Medical Center at MCG. Response was enthusiastic, according to childlife coordinator Harriet Reddick.

"The play gave the children a chance to socialize in a way that just doesn't usually happen at a hospital," she said. "They had a wonderful time, and the actors learned something about children in the hospital, too."

Ms. Avrett and the volunteer committees are now working on the calendar for 1991, which she sees as a pilot year for the program.

"This year was the beginning," she said. "Next year will be our pilot year, to get reactions from patients and staff, and to figure out just how the program will work. Then we plan to expand it, to give everyone here a chance to see and hear the arts."

—Ingrid Heggoy

Benchmark

Medical College of Georgia

Summary Statement of Current Funds Revenues, Expenditures and Other Changes
Year Ended June 30, 1990 (With Comparative Figures for 1989)

	1990				
	Educational and General		Auxiliary		1989
	Unrestricted	Restricted	Enterprises	TOTAL	TOTAL
Revenue					
General Operations					
Resident Instruction					
Student Tuition and Fees	$ 5,140,900.80	$	$	$ 5,140,900.80	$ 4,714,981.80
State Appropriations	66,381,740.00			66,381,740.00	62,828,334.00
Indirect Cost Recoveries	2,118,188.58			2,118,188.58	1,891,238.15
Other Sources	71,343.18			71,343.18	762,463.20
Departmental Sales and Services					
Revenues for Program Support	4,917,969.79			4,917,969.79	5,187,313.37
Less: Quasi-Revenue	(2,232,636.42)			(2,232,636.42)	(1,994,658.05)
Sponsored Operations					
Federal Grants and Contracts		7,989,026.69		7,989,026.69	7,449,529.90
State Grants and Contracts		3,362,013.89		3,362,013.89	2,881,703.63
Local Grants and Contracts		392,130.38		392,130.38	291,364.23
Private Grants and Contracts		16,486,541.52		16,486,541.52	14,654,776.81
Endowment Income	85,345.12			85,345.12	86,396.82
Hospital					
General Operations					
State Appropriations	28,310,695.00			28,310,695.00	31,397,796.00
Sales and Services of Educational Activities	109,395,479.70			109,395,479.70	93,738,947.67
Other Sources	42,362.64			42,362.64	95,142.48
Departmental Sales and Services					
Revenues for Program Support	3,654,591.85			3,654,591.85	3,225,151.66
Less: Quasi-Revenue	(606,092.18)			(606,092.18)	(647,571.63)
Sponsored Operations					
State Grants and Contracts		5,721,230.00		5,721,230.00	5,375,047.25
Family Practice Residency Program					
General Operations					
State Appropriations	5,830,380.00			5,830,380.00	5,545,918.00
Desegregation Program					
General Operations					
State Appropriations	377,917.00			377,917.00	368,841.00
Georgia Radiation Therapy Center					
General Operations					
Sales and Services of Educational Department	2,349,620.19			2,349,620.19	2,217,762.99
Auxiliary Enterprises					
Student Housing			676,031.44	676,031.44	610,011.19
Food Services			818,380.80	818,380.80	777,179.63
Stores and Shops			1,965,219.17	1,965,219.17	1,630,612.42
Other Service Units			1,689,478.91	1,689,478.91	1,671,099.51
TOTAL REVENUE	**$ 225,752,460.13**	**$ 34,036,287.60**	**$ 5,149,110.32**	**$ 264,937,858.05**	**$ 244,759,382.03**
Expenditures					
Educational and General					
Resident Instruction					
Instruction	49,450,829.17	17,578,138.13		67,028,967.30	62,808,831.74
Research	729,963.03	9,264,006.05		9,993,969.08	9,651,986.15
Academic Support	7,481,918.15	215,665.25		7,697,583.40	7,324,207.27
Student Services	1,275,238.14	14,548.88		1,289,787.02	1,332,556.42
Institutional Support	8,534,593.02	486,349.29		9,020,942.31	7,921,964.82
Operation and Maintenance of Plant	8,704,719.44			8,704,719.44	9,068,602.29
Scholarships and Fellowships		756,350.00		756,350.00	644,696.47
Hospital					
Patient Care	123,018,019.90	5,721,230.00		128,739,249.90	117,734,570.50
Hospital Support	8,487,363.54			8,487,363.54	7,104,434.27
Operation and Maintenance of Plant	8,844,485.73			8,844,485.73	8,689,908.73
Family Practice Residency Program					
Instruction	5,829,632.07			5,829,632.07	5,534,918.96
Desegregation Program					
Instruction	276,495.41			276,495.41	257,995.87
Scholarships and Fellowships	96,012.10			96,012.10	110,512.52
Georgia Radiation Therapy Center					
Instruction (Patient Care)	2,192,509.27			2,192,509.27	2,017,917.67
Operation and Maintenance of Plant	153,991.85			153,991.85	199,791.72
Auxiliary Enterprises					
Student Housing			768,682.81	768,682.81	671,659.51
Food Services			813,198.30	813,198.30	840,234.43
Stores and Shops			1,847,961.66	1,847,961.66	1,485,298.95
Other Service Units			1,420,449.03	1,420,449.03	1,358,482.08
TOTAL EXPENDITURES	**$ 225,075,770.82**	**$ 34,036,287.60**	**$ 4,850,291.80**	**$ 263,962,350.22**	**$ 244,758,570.37**
Excess of Revenue Over Expenditures	676,689.31		298,818.52	975,507.83	811.66
Beginning Fund Balance, Adjusted	110,119.26		102,607.46	212,726.72	179,025.83
Adjustments Other Than State Audit	304,696.44		1,091.16	305,787.60	27,188.94
Lapsed Surplus Returned—Prior Year	(110,119.26)			(110,119.26)	(95,740.82)
Provision for Reserves	(687,530.33)		(195,618.51)	(883,148.84)	88,864.10
ENDING FUND BALANCES	**$ 293,855.42**		**$ 206,898.63**	**$ 500,754.05**	**$ 200,149.71**

President's Club

Members of the Medical College of Georgia President's Club have made lifetime contributions of $50,000 or more and have achieved permanent membership in this giving club. We acknowledge with deep appreciation their generous support.

Mr. Gerry H. Achenbach
Dr. and Mrs. Russell A. Acree Sr. (Lucilla)
Mr. and Mrs. W. Clay Adamson (Darcel)
Dr. and Mrs. Marshall B. Allen Jr. (Dorothy)
Mr. and Mrs. John B. Amos (Elena)
Mr. and Mrs. William L. Amos Sr. (Olivia)
Mr. and Mrs. Dr. William L. Barton
Mr. and Mrs. Paul Berney (Joyce)
Mrs. W. Herman (Estelle) Brooks
Dr. and Mrs. I. Clark Case (Ola)
Mr. and Mrs. James A. Crockett (Willie E.)
Dr. and Mrs. H. Gordon Davis Jr. (Francis Marion)
Drs. Taher Abdel M. El Gammal and Betty Sue Brooks
Dr. and Mrs. W. Stewart Flanagin (Lillian)
Mr. Norman D. French
Dr. and Mrs. Marvin C. Goldstein (Rita)
Miss E. Louise Grant, *Dean Emeritus,* School of Nursing
Mr. John C. Hagler III and Mary Anne Tyler Hagler, M.D.
Dr. and Mrs. Chenault W. Hailey (Mary Louise)
Dr. and Mrs. Curtis G. Hames (Betty)
Dr. J. Harold Harrison
Mrs. Grace S. Hawes
Mrs. Carolyn Henry
Dr. and Mrs. Gordon W. Jackson (Virginia)
Dr. and Mrs. Virendra Mahesh (Sushila)
Mrs. Corrie Ann Maxwell
Mrs. Lillie Mae Mealing
Dr. Harry B. O'Rear, *President Emeritus,* and Mrs. Charlotte O'Rear
Dr. and Mrs. Jerry G. Purvis (June)
Dr. and Mrs. A. Clark Robinson (Noma Louise)
Dr. Jesse L. Steinfeld, *President Emeritus,* and Mrs. Gen Steinfeld
Mrs. Mildred T. Stevens
Dr. Francis J. Tedesco, *President,* and Mrs. Luann Tedesco
Mrs. Vera C. Wardlow
Mrs. Amy G. Warren

Founder's Level

The following members of the President's Club at the Founder's Level have made lifetime contributions of $10,000 or more. We greatly appreciate the generous support of these individuals.

Mr. R. Thomas Ambrose
Dr. and Mrs. W. Jackson Atha Jr. (Vivian)
Dr. Mims C. Aultman
Mr. and Mrs. Jack Bandy (Aggie)
Dr. and Mrs. Raymond Bard (Helen)
Dr. and Mrs. Fred Donald Bass (Jane)
Dr. and Mrs. Wayne D. Beveridge (Kitty)
Mr. and Mrs. Robert G. Bohler (Lois H.)
Ms. Mary W. Burnett
Ms. Sarah Turner Butler
Dr. and Mrs. A. Bleakley Chandler Sr. (Jane)
Mr. and Mrs. Cassius M. Clay (Joan H.)
Mr. Roscoe Coleman
Dr. and Mrs. William C. Collins (Jan)
Dr. Harry E. Dawson Sr., M.D.
Dr. and Mrs. Howard C. Derrick Jr. (Adelia M.)
Dr. Byron H. Dunn (Betty)
Dr. Linda A. Ellis
Drs. Robert G. Sr. and Lois T. Ellison
Dr. and Mrs. Harold S. Engler (Kathy)
Dr. Fort F. Felker Jr.
Dr. and Mrs. Herman F. Flanigin (Thelma)
Mr. and Mrs. Eugene Fleischer (Lucille)
Dr. and Mrs. Martin N. Frank (Elizabeth)
Dr. and Mrs. A. McGowan Freeman Jr. (Helen)
Mrs. Betty Friedman
Dr. and Mrs. R. Don Gambrell (Caroline)
Dr. and Mrs. Glen E. Garrison (Mary)
Dr. and Mrs. Peter G. Gilbert (Suzy)
Dr. Donald D. Gold
Mrs. Dorothy Royal Gower
Dr. Louie H. Griffin Jr.
Dr. and Mrs. J. Daniel Hanks Jr. (Adeline)
Dr. and Mrs. Billy S. Hardman (Estelle)
Dr. and Mrs. Milford B. Hatcher (Marion)
Dr. Melvin L. Haysman and Mrs. Roberta Kamine-Haysman
Dr. Dariush Heidary
Dr. L.D. Hicks Jr.
Mr. and Mrs. R. Eugene Holley (Louise)
Dr. and Mrs. Floyd C. Jarrell (Jody)
Dr. and Mrs. Lawson C. Johnson (Sara E.)
Dr. and Mrs. John Paul Jones (Edna)
Dr. and Mrs. T. Eugene Kennedy (Mary)
Dr. and Mrs. Van Cise Knowles (Wesley)
The Joseph Korn Family
Mr. George H. Lane III
Dr. and Mrs. James F. Langford (Dorothy)
Mr. and Mrs. Lawrence E. Lankford
Dr. H. Gilbert Maddox (Margaret)
Dr. and Mrs. Arlie R. Mansberger Jr. (Ellen)
Drs. E. James and Martha McCranie
Dr. and Mrs. Paul G. McDonough (Nicole)
Dr. and Mrs. Virgle W. McEver Jr. (Amy)
Mr. and Mrs. William S. Morris III (Sissy)
Mrs. Alice G. Muldoon
Mr. Robert A. Muldoon
Dr. and Mrs. William B. Mullins (Ann)
Dr. and Mrs. Daniel E. Nathan (Muriel)
Dr. and Mrs. Jule C. Neal Jr. (Mildred)
Dr. and Mrs. Harvey M. Newman (Achsah)
Drs. James L. and Mary H. O'Quinn
Mrs. Nora Pascarella
Mrs. Louise Peacock
Mrs. Jane Pidcock
Dr. and Mrs. B. Lamar Pilcher (Miriam)
Dr. and Mrs. Winford H. Pool Jr. (Martha)
Mrs. Florence Pratt
Mrs. Minnie Rinker
Mr. and Mrs. James Salva (Georgia)
Dr. and Mrs. Beverly B. Sanders Jr. (Charlene)
Dr. and Mrs. F. Hunt Sanders (Kim)
Dr. and Mrs. Lloyd B. Schnuck Jr. (Barbara)
Dr. and Mrs. George P. Sessions (Martha)
Dr. and Mrs. William C. Shirley Sr. (Bess)
Mr. and Mrs. Joseph Siegel (Joan)
Dr. and Mrs. James S. Simpson III (Cinda Jo)
Dr. Sam A. Singal
Mrs. Linda G. Spooner
Mrs. Frances S. Starling
Dr. and Mrs. W. Dean Steward (Martha)
Dr. Sandra Phung Thi Tho
Dr. and Mrs. J. Render Turner (Dorothy)
Mrs. Jeanette M. Vallotton
Mr. and Mrs. Harold Weiner (Lynn)
Dr. and Mrs. C. Mark Whitehead (Dorothy)
Dr. and Mrs. Roy Witherington (Louise)
Dr. and Mrs. A. Calhoun Witham (Elizabeth)
Mr. and Mrs. Phillip Wong (Elaine)
Drs. Charles H. and Betty B. Wray
Mr. Weldon Wyatt
Dr. and Mrs. Thomas J. Yeh (Doris)

Partner Level

The following members of the President's Club have attained Partner Level membership through their gifts of $1,000 or more during fiscal period 1989–90. It is our pleasure to acknowledge their generosity.

Dr. and Mrs. Russell A. Acree Sr. (Lucilla)
Dr. Cirilo A. Aseron Jr.
Dr. and Mrs. William J. Atha Jr. (Vivian)
Dr. Mims C. Aultman
Dr. James T. Barenie
Rep. D. Douglas Barnard Jr.
Dr. and Mrs. William B. Bates III (Rhonda)
Dr. and Mrs. Estol R. Belflower (Beth)
Dr. Vinod K. Bhalla
Dr. and Mrs. Grady E. Black (Jean)
Dr. and Mrs. Alvin A. Blumenfeld (Lisa)
Dr. and Mrs. Uriah H. Bodie Jr. (Dorothy)
Dr. and Mrs. Mack S. Bonner (Mary)
Dr. and Mrs. Talmadge A. Bowden Jr.
Dr. and Mrs. A. Delbert Bowen III (Kathy)
Dr. and Mrs. Charles G. Burton (Jean)
Dr. and Mrs. Larry V. Carson (Nancy)
Dr. and Mrs. Nelson S. Carswell Jr. (Betty)
Dr. and Mrs. Arthur B. Chandler Sr. (Jane)
Mr. Cassius M. Clay
Dr. James R. Clay
Dr. and Mrs. Henry D. Cline (Wanda)
Dr. and Mrs. David M. Cohen (Lisa)
Mrs. Lees G. Cole
Dr. and Mrs. William C. Collins (Jan)
Dr. and Mrs. Thomas M. Crews (Phyllis)
Dr. and Mrs. James F. Culver (Jean)
Dr. and Mrs. John W. Darden (Sally)
Dr. J. Richard Davis
Dr. and Mrs. Anthony W. Daws (Barbara)
Dr. Leila A. Denmark (John)
Dr. and Mrs. James L. Duncan Sr. (Lena)
Dr. and Mrs. Byron H. Dunn (Betty)
Dr. Bernard J. Durante
Dr. and Mrs. Watler F. Farr (Patricia)
Dr. and Mrs. Robert E. Fitzpatrick (Mary)
Mr. and Mrs. Gerald M. Freeman (Sheila)
Dr. and Mrs. Ronald D. Gambrell Jr. (Caroline)
Dr. Scott A. Gasiorek
Dr. Gregory L. Gay
Ms. Pamela C. Givens
Dr. and Mrs. Isaac Goodrich (Dianne)
Dr. and Mrs. Samuel M. Goodrich (Ellen)
Dr. and Mrs. Hubert T. Greenway Jr. (Colleen)
Mr. and Mrs. John C. Hagler III (Mary Ann)
Dr. and Mrs. Jefferson D. Hanks Jr. (Adeline)
Dr. and Mrs. Stephens L. Harp (Ruth)
Drs. Carl R. and Patricia Hartrampf Jr.
Dr. and Mrs. Milford B. Hatcher (Marion)
Dr. Julian N. Hayes
Mr. Sims W. Hill
Dr. and Mrs. Emory W. Holloway Jr. (Virginia)
Dr. and Mrs. Jerry W. Howington (Jane)
Dr. and Mrs. William D. Hughes (Martha)
Dr. and Mrs. Arthur L. Humphries Jr. (Eleanor)
Dr. C.M. Hutchinson
Mr. Carl Irvin
Mr. Charles Irvin
Dr. Alan R. Kaplan (Barbara)
Dr. and Mrs. Thomas E. Kennedy (Mary)
Dr. and Mrs. Van Cise Knowles (Wesley)
Mr. and Mrs. Charles W. Kropp (Rhonda)
Dr. David Y. Lun Lai
Dr. and Mrs. William T. Langston (Evie)
Dr. and Mrs. Jack L. Lesher Jr. (Cathy)
Dr. and Mrs. Joel E. Lightner Sr. (Patricia)
Dr. and Mrs. William F. Lindsey (Jimmie)
Dr. Martha G. Lovell (John)
Dr. Charles L. Lutcher
Dr. and George R. Maloney Jr. (Theodora)
Dr. Thomas C. Mann
Dr. and Mrs. William E. Marks Jr. (Dianne)
Dr. and Mrs. James E. Marlow (Josephine)
Dr. and Mrs. Robert A. Matthew (Marie)
Dr. and Mrs. Richard B. McAdam (Frankye)
Dr. Charles G. McClure
Dr. and Mrs. Sylvester N. McRae (Rose)
Dr. Carol F. Meyer
Dr. and Mrs. Max D. Miller (Melva)
Dr. William W. Mims Jr.
Dr. Jeannie H. Moran (Mark)
Dr. and Mrs. William B. Mullins (Ann)
Dr. and Mrs. Daniel E. Nathan (Muriel)
Dr. and Mrs. Harvey M. Newman III (Achsah)
Dr. and Mrs. Stephen A. Noller (Beverly)
Dr. Larry J. O'Brien
Dr. and Mrs. Lynn L. Ogden (Karen)
Dr. James H. Owsley
Mr. Bob Patterson
Mrs. Catherine H. Peabody
Mr. Joe L. Penvose
Dr. Angus P. Phelts III
Dr. and Mrs. Winford H. Pool Jr. (Martha)
Dr. Carol G. Pryor (Louis)
Dr. and Mrs. Jerry G. Purvis (June)
Dr. Susan R. Raybourne
Dr. Barry F. Riggs
Dr. and Mrs. Asbury C. Robinson (Noma)
Dr. and Mrs. William E. Rogers (Rhonda)
Dr. and Mrs. Beverly B. Sanders Jr. (Charlene)
Dr. and Mrs. Lloyd B. Schnuck Jr. (Barbara)
Mr. O.L. Shaffner
Dr. Wayne C. Sheils
Dr. and Mrs. Jerome H. Siegel (Beverly)
Dr. and Mrs. J. Graham Smith Jr. (Skee)
Dr. Michael T. Smith
Dr. and Mrs. Frank H. Stelling
Dr. James R. Stephens
Dr. and Mrs. Joseph M. Still Jr. (Susan)
Dr. and Mrs. Frederick C. Sturmer Jr. (Karel)
Dr. and Mrs. Daniel B. Sullivan (Anne)
Dr. and Mrs. Daniel B. Terry Jr. (Jean)
Dr. and Mrs. Alain D. Toland (Pamela)
Dr. and Mrs. John S. Wade (Betty)
Dr. Bruce D. Walley
Dr. and Mrs. Paul D. Webster III (Betty)

Dr. and Mrs. Leslie L. Wilkes Jr. (Ge-Juan)
Dr. and Mrs. Roy Witherington (Louise)
Drs. Charles H. and Betty Wray

Foundations

Barham-Calhoun Memorial Fund
Guy T. Bernard Memorial Oncology Fund
Mary Allen Lindsey Branan Foundation
Dorothy Mustin Buttolph Trust Fund
Callaway Foundation, Incorporated
Max and Victoria Dreyfus Foundation
Federated Department Stores Foundation
Georgia Academy of Family Physicians Educational Foundation
Carl F. Herzog Foundation, Incorporated
Estate of Lynn G. Johnson
Ray and Elizabeth Lee Foundation
Livingston Foundation, Incorporated
Josiah Macy Jr. Foundation
The Gilbert M. Maxwell Trust
Metropolitan Foundation, Incorporated
Osmond Foundation
Patterson-Barclay Memorial Foundation
John E. and Aliese Price Foundation, Incoporated
Hall and Deborah Wendel Foundation
West Point-Pepperell Foundation, Incorporated

Businesses and groups

A.B. Beverage Company
Abbott Laboratories
Acuson
Allergy and Immunology Society of Georgia
American Dairy Queen Corp.
American Family Life Assurance Corporation
American Financial Services Association
American Hoechst Corporation
Augusta Jaycees
Augusta Junior Woman's Club
Augusta West Dance Guild
Bankers First Federal
Bankers First Real Estate Corporation
Beecham Laboratories
Biomet, Incorporated
Bob Beard Ford
Boehringher Ingelheim Pharmaceutical, Incorporated
Chambers, Mabry, McClelland and Brooks
Ciba-Geigy Corporation
Citizens and Southern National Bank
Civitan International
Clarks Hill Bassmasters
Club Car, Incorporated
Columbia Nitrogen Company
Coulter Electronics, Incorporated
The Crystal Company
Crawford and Company
Eastman Kodak Company
Jack Eckerd Corporation
Elan Pharmaceutical
Eli Lilly Pharmaceutical Company
Evans Middle School
Exchange Club of Augusta
E-Z-Go Division of Textron, Incorporated
Federal Paper Board, Incorporated
First National Bank of Atlanta
First Union Bank of Augusta
Fraternal Order of Eagles
Genentech Inc.
Georgia Association of Pathologists
Georgia Hospital Association
Glaxo, Incorporated
Healthcare Communications
Hewlett Packard Company
Higher Education Office Personnel Association
Thomas P. Hinman Dental Meeting
Hoechst-Roussel Pharmaceutical
Hutchens Company
IDS Augusta Employees
Institute of International Education
Integon Corp.
International Dairy Queen
Isolab Inc.
The Jobst Institute
Kiwanis Club of Augusta
The Kroger Company
Langford Middle School
Lufran Inc.
Magnolia Hospital
Marion Laboratories Inc.
Mead Johnson Pharmaceuticals
Medical College of Georgia Department of Obstetrics/Gynecology
Medical College of Georgia Faculty Wives Club
Medical College of Georgia Nursing Administration
Medical College of Georgia Periodontics Alumni Association
Medtronic, Incorporated
Merck & Company, Incorporated
Merrell Dow Pharmaceuticals
Merriwether Elementary School
Miles Laboratories, Incorporated
Monsanto Industrial Chemicals
National Hills Lions Club
Nephrology Association of Macon, P.C.
Ohmeda
Olympus Corporation
Orthopaedic Associates of Augusta P.A.
Outreach Inc.
Parts Plus Auto Stores
Procter and Gamble Company
Richmond County Jaycees
Richmond County Medical Society
Rich's Department Store
Sandoz Pharmaceuticals Corporation
Schering Corporation
G.D. Searle and Company
I.D. Shapiro
Smith, Kline and French Laboratories
Smithkline Beckman Corporation
South Augusta Ambucs
South Augusta Optimist Club
South Carolina Electric and Gas
Southern Frozen Foods
S & P Grading Company
E.R. Squibb and Sons Inc.
Standard Motor Products
Sunny 105-WZNY
Team Toyota
Tomco Auto Products
Trust Company Bank of Augusta
The Upjohn Company
Waccamaw Land and Timber Co.
J.B. White, Incorporated
Wife-Saver, Incorporated
Women of Georgia Power Company, CSRA
Wyeth-Ayerst Laboratories

Photographs on pages 42 through 46 illustrate MCG's participation in the 1990 Children's Miracle Network telethon.

Aesculapius Club

The following members of the Aesculapius Club have contributed $250 or more during fiscal year 1989-90. It is with gratitude that we recognize these donors.

Dr. and Mrs. Donald C. Abele (Phyllis)
Dr. William C. Acton
Dr. and Mrs. Risden T. Allen (Marilyn)
Dr. and Mrs. Henry M. Althisar Sr. (Anne)
Dr. and Mrs. Robert H. Anderson Jr. (Phyllis)
Dr. and Mrs. Jimmy R. Asbell (Alice)
Dr. and Mrs. Eddie A. Atwell (Sandra)
Dr. and Mrs. Charles R. Baisden (Helen)
Dr. and Mrs. Samuel L. Banks (Dana)
Dr. Joseph P. Bark
Dr. and Mrs. Philip R. Bartholomew (Margaret)
Dr. and Mrs. Edwin C. Bartlett (Sandra)
Dr. and Mrs. Glenn H. Bartlett (Jean)
Dr. and Mrs. Sidney A. Bell (Jo Ann)
Dr. and Mrs. James W. Bennett (Florence)
Dr. and Mrs. Vincent F. Bergquest Jr. (Dixie)
Dr. and Mrs. Vidor Bernstien (Nissan)
Dr. Styles L. Bertrand
Dr. and Mrs. William R. Birdsong (Geneva)
Dr. and Mrs. Wiley S. Black (Judith)
Mr. and Mrs. James A. Blissit (Erie)
Dr. and Mrs. Joseph A. Blissit (Jan)
Dr. and Mrs. Floyd E. Bliven Jr. (Hester)
Dr. and Mrs. Gerald W. Bohanan (Charlotte)
Dr. and Mrs. Charles E. Bohler (Billie)
Dr. and Mrs. Marion G. Bolin (Patricia)
Mrs. Patty Booker (David)
Dr. and Mrs. Arthur S. Booth Jr. (Linda)
Dr. and Mrs. Mac A. Bowman (Janice)
Dr. and Mrs. Stephen Boyle (Ethel)
Dr. and Mrs. Rohert L. Brand III (Brenna)
Dr. and Mrs. Edward W. Brewster Jr. (Barbara)
Dr. and Mrs. Charles W. Brown (Mary Ann)
Dr. Charles F. Brown
Dr. and Mrs. Elbert H. Brown (Nancy)
Dr. and Mrs. James H. Brown (Sandra)
Dr. Thomas M. Browne
Mr. and Mrs. Eugene N. Bruker (Marjorie)
Dr. and Mrs. John J. Brunette (Laura)
Dr. and Mrs. Charles I. Bryans Jr. (Madonna)
Dr. and Mrs. Clyde A. Burgamy (Barbara)
Mr. George J. Burke
Dr. and Mrs. Jack E. Butterworth Jr. (Linda)
Dr. and Mrs. Mario I. Canedo (Gloria)
Dr. and Mrs. Gerald E. Caplan (Ginger)
Dr. and Mrs. Robert H. Carter (Sandra)

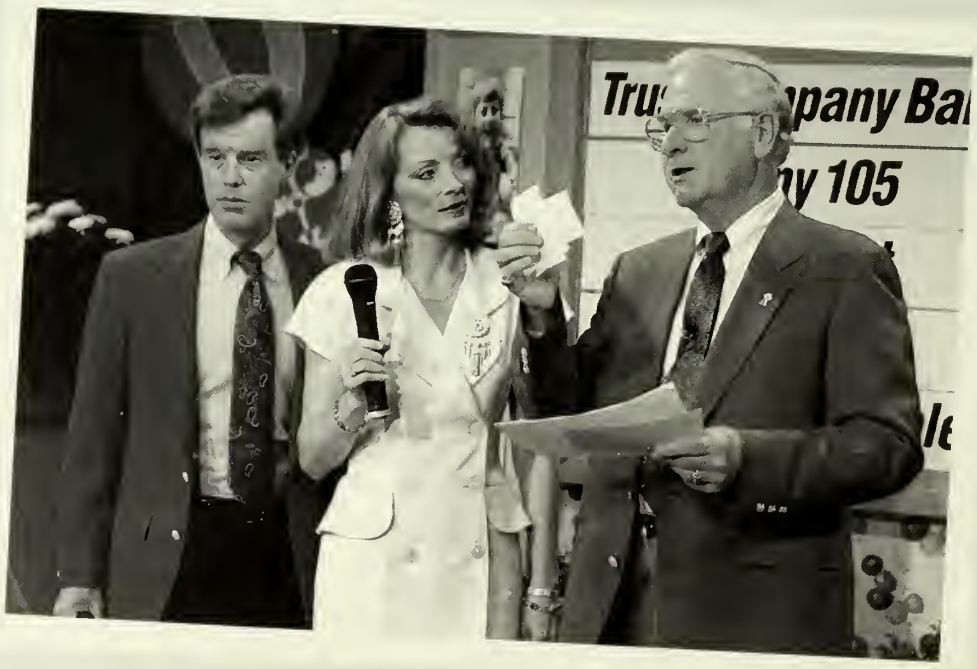
Dr. and Mrs. Thomas H. Cawthon (Sandra)
Dr. Kurt M. Chamhless
Dr. and Mrs. Lewis F. Chisholm (Audrey)
Dr. and Mrs. Jeffrey I. Clark (Edith)
Dr. and Mrs. William L. Clark (Marian)
Dr. and Mrs. Hershel F. Cofer (Mary)
Dr. and Mrs. Jay S. Coffsky (Sandra)
Dr. and Mrs. Jack H. Cohen (Yvonne)
Dr. and Mrs. Lamar P. Collie III (Rehecca)
Dr. and Mrs. Myron D. Collins (Betty)
Mr. and Mrs. Rohert W. Comer (Susan)
Dr. and Mrs. John W. Cope (Doris)
Dr. and Mrs. Lawrence E. Crimmins (Cary)
Dr. and Mrs. Robert S. Crumrine (Patricia)
Dr. and Mrs. Paul E. Cundey Jr. (Katharine)
Dr. and Mrs. Ronald Daitch (Eileen)
Dr. and Mrs. Armand A. Delaperriere (Bess)
Dr. Guy J. Denis
Mr. and Mrs. Charles A. DeVaney (Nancy)
Dr. and Mrs. Robert D. Devore (Constance)
Dr. and Mrs. James W. Dewherry Sr. (Dotsie)
Dr. and Mrs. Thomas E. Dill (Terry)
Dr. and Mrs. Robert S. Donner (Janice)
Dr. Margaret C. Downs (Eugene)
Dr. and Mrs. James C. Dudley Jr. (Leila)
Dr. and Mrs. Conrad H. Easley (Claudette)
Dr. and Mrs. Wallace S. Edwards (Barbara)
Ms. Margaret C. England
Dr. Stanton A. Erwin
Dr. and Mrs. Jack A. Evans Jr. (Daisy)
Dr. and Mrs. Jack A. Feldman (Barbara)
Dr. Michael H. Finck
Dr. and Mrs. Paul G. Firth (Diana)
Dr. and Mrs. James F. Flanders Jr. (June)
Dr. Ann Marie Flannery (Peter Kobe)
Dr. and Mrs. Lamar L. Fleming (Sally)
Dr. and Mrs. Waldo E. Floyd Jr. (Joanne)
Dr. and Mrs. Ernest C. Fokes Jr. (Patricia)
Dr. and Mrs. John E. Fowler (Betsy)
Dr. and Mrs. Martin J. Frank (Elizabeth)
Dr. and Mrs. Murray A. Freedman (Sandra)
Dr. and Mrs. Michael E. Freeman (Julie)
Dr. William E. Freeman
Dr. Juan A. Garcia
Dr. and Mrs. John S. Gaul (Alicia)
Dr. and Mrs. Johnny L. Gayton (Faye)
Dr. and Mrs. Arthur Gelbart (Audrey)
Mr. and Mrs. A. Harry Germagian (Ada)
Dr. and Mrs. Donald M. Gilner (Celia)
Dr. Mike Glenn
Mr. John L. Glover Jr.
Dr. and Mrs. Charles E. Goodman Jr. (Delia)
Dr. and Mrs. Jacob A. Goodrich (Martha)
Dr. and Mrs. Robert C. Grant (Nancy)
Dr. Charles R. Green
Dr. and Mrs. James R. Gregory (Hollis)
Dr. and Mrs. William E. Gregory Jr. (Catherine)
Dr. and Mrs. Jack T. Griffin Jr. (Annette)
Dr. and Mrs. Joseph W. Griffin Jr. (Diane)
Dr. and Mrs. William C. Griffin (Caryl)
Col. and Mrs. Marshall A. Guill III (Margaret)
Dr. and Mrs. Thommas G. Hancock (Donna)
Ms. Mamie E. Hankerson
Ms. Linda Hardin
Dr. Virgil M. Hardin
Dr. and Mrs. Henry W. Harper Jr. (Joyce)
Dr. and Mrs. John C. Hawkins III (Anne)
Dr. Ronald G. Hayter
Dr. Edwin P. Hendricks Jr.
Dr. and Mrs. John M. Heng (Mona)
Dr. and Mrs. Judson C. Hickey (Jean)
Dr. and Mrs. Loy G. Hicks Jr. (Winnie)
Dr. and Mrs. Charles F. Hobby Sr. (Nancy)
Dr. and Mrs. William L. Hogue (Sara)
Dr. and Mrs. Paul F. Holcomb (Addie)
Dr. Haruyoshi Honda
Mr. Ed J. Howell
Dr. Susan C. Hurt
Ms. Marion Hutson
Dr. Ravinder Jerath
Dr. Ben W. Jernigan Jr.
Dr. Clarence Joe
Dr. and Mrs. Charles G. Johnson (Rita)
Dr. and Mrs. Cleon D. Johnson Jr. (Alice)
Dr. and Mrs. Kim W. Johnston (Jane)
Dr. and Mrs. Saunders Jones Jr. (Vicki)
Dr. and Mrs. Stephen M. Jordan (Luann)
Dr. and Mrs. John S. Josey (Lola)
Dr. and Mrs. William P. Kanto Jr. (Barhara)
Dr. and Mrs. Rohert M. Kelleher (Mary)
Dr. and Mrs. Elmo C. Kelly III (Shirley)
Dr. and Mrs. Gene M. Kelly (Janet)
Dr. and Mrs. William R. Kent Jr. (Martha)
Dr. and Mrs. Horace A. Killam (Josephine)
Mr. David N. King
Dr. and Mrs. Olen E. Kitchings III (Leilani)
Dr. and Mrs. J. Malcolm Kling (Anne)
Dr. and Mrs. Hans J. Knieriem (Ingeborg)
Dr. and Mrs. Philip E. Koch (Marti)
Mr. William Kuhlke Jr.
Dr. and Mrs. James G. Kuhns (Joan)
Dr. and Mrs. Homer L. Lassiter Sr. (Julie)
Dr. and Mrs. Paul A. Lavietes (Marilyn)
Dr. and Mrs. John L. Lee (Elizabeth)
Dr. and Mrfs. Joseph B. Leroy (Diane)
Dr. and Mrs. Stanley H. Levine (Evelyn)
Dr. Gloria L. Lewis
Dr. Charles W. Linder
Mr. John P. Locksmith
Mr. Robert B. Long (Linda)
Dr. and Mrs. William D. Lowery Jr. (Jan)
Ms. Sandra W. Ludwig (Ellsworth)
Dr. Ross D. Lynch
Dr. and Mrs. David L. Maddox (Mary)
Dr. and Mrs. Ormonde M. Mahoney (Penny)
Mr. Rudy Maier
Dr. Ayaz Ul-Haque Malik
Dr. J. Arlie Mansherger
Mrs. Susan Burnett Mansfield
Dr. and Mrs. Edward K. Mark Jr. (Vickie)
Dr. and Mrs. Frank S. Martin Jr. (Ann)
Mr. and Mrs. Wilson P. Mason (Elizaheth)
Dr. and Mrs. Clinton E. Massey (Carolyn)
Dr. and Mrs. William H. Mather (Karen)
Dr. and Mrs. William E. Mayher III (Jo Anne)
Dr. and Mrs. Wallace D. Mays (Catherine)
Dr. and Mrs. Sean F. McCue (Glennice)
Dr. and Mrs. Virgle W. McEver III (Miriam)
Mr. and Mrs. Patrick McFarlain (Janet)
Dr. and Mrs. Murphy F. McGirt Jr. (Anita)
Dr. and Mrs. Joseph T. McLamb (Kay)
Dr. and Mrs. Kenneth A. McMillan (Sally)
Dr. and Mrs. William T. Minter (Susan)
Dr. and Mrs. William C. Mobley (Jacqueline)
Dr. and Mrs. Thomas A. Montgomery (Beverly)
Dr. M. Elizabeth Morgan
Dr. and Mrs. Daniel Dickerson (Rebecca)
Dr. and Mrs. James F. Mracek (Joan)
Dr. and Mrs. Joseph L. Mulherin Jr. (Patti)
Dr. and Mrs. David R. Myers (Ann)
Dr. Sarveswar I. Naidu
Dr. and Mrs. Jule C. Neal Jr. (Mildred)
Dr. and Mrs. Robert R. Nesbit Jr. (Mary)
Dr. and Mrs. John S. Newton (Susan)
Dr. and Mrs. Fenwick T. Nichols Jr. (Caroline)
Dr. and Mrs. David P. Nicholson (Aline)
Dr. and Mrs. William B. Nipper Jr. (Kathlyn)
Dr. and Mrs. George A. Nixon (Francena)
Col. Basil S. Norris
Dr. and Mrs. Norris L. O'Dell (Harriet)
Dr. and Mrs. Harvey G. Ouzts (Theresa)
Dr. and Mrs. David A. Owings (Wilma)
Dr. and Mrs. Santiago L. Padilla (Marta)
Dr. Joseph B. Paley
Dr. Elwyn V. Patrick
Dr. and Mrs. Weems R. Pennington Sr. (Cannon)
Dr. Guerrant H. Perrow
Dr. and Mrs. Hans J. Peters (Editha)
Dr. an Mrs. James C. Pope (Susan)
Mr. Rick M. Powell
Dr. L. Mathis Price (Julian)
Ms. Doris W. Pritchett
Drs. Albert and Ellanor H. Pruitt
Dr. and Mrs. Forte C. Rabb (Joyce)
Dr. and Mrs. John B. Rabun (Alsie)
Dr. and Mrs. Harold S. Ramos (Vonetta)
Dr. and Mrs. Raghunatha N. Rao (Geetha)
Dr. and Mrs. John S. Ravita (Linda)
Mr. Terry Reynolds
Dr. and Mrs. Don L. Richerson (Julie)
Dr. and Mrs. Gary O. Richman (Bonnie)
Dr. and Mrs. Lambros C. Rigas (Anne)
Dr. and Mrs. Toivo E. Rist (Carol)
Dr. Linda B. Ritter
Dr. and Mrs. Raleigh M. Robinson (Carol)
Dr. and Mrs. John A. Rodriguez-Feo (Patricia)
Dr. and Mrs. Sanford I. Rosenthal (Nancy)
Dr. and Mrs. Charles A. Ross (Teresa)
Mr. William Q. Roundtree III
Dr. and Mrs. Walter T. Sale (Judith)
Dr. and Mrs. Elwyn A. Saunders (Marceline)
Mr. Edwin S. Schiffer
Dr. Timothy T. Schmidt
Dr. and Mrs. Stanley J. Self (Patricia)
Dr. and Mrs. George P. Sessions (Martha)
Ms. Carolyn Seymore
Dr. Kailash B. Sharma
Dr. and Mrs. Andrew T. Sheils Jr. (Ann)
Dr. and Mrs. Donald M. Sherline (Sandra)
Dr. and Mrs. John E. Shippey Jr. (Martha)
Dr. and Mrs. Charles B. Shiver (Antonia)
Dr. and Mrs. Stanley M. Silver (Marcia)
Mr. and Mrs. Leroy E. Sims (Betty)
Dr. William L. Sims
Dr. and Mrs. Jerry J. Smaha (Pam)
Dr. and Mrs. Hugh F. Smisson Jr. (La Wahna)
Dr. and Mrs. Hilton E. Smith (Cathryn)
Dr. and Mrs. William V. Smith (Betsy)
Dr. and Mrs. Odis C. Stamps Jr. (Esther)
Mr. and Mrs. Henry Steinberg (Susan)
Dr. and Mrs. Curt M. Steinhart (Karen)
Mrs. Wynel H. Stephens
Dr. and Mrs. Williams D. Steward (Martha)
Dr. and Mrs. Douglas L. Stringer (Dorothy)
Dr. and Mrs. Thomas B. Strozier (J'Neese)
Dr. and Mrs. David M. Stubbs (Karen)
Dr. and Mrs. Hy C. Sussman (Betty)

Dr. and Mrs. Julian B. Tanenhaum (Beverly)
Dr. and Mrs. John T. Tate (Linda)
Dr. Thomas S. Templeton
Dr. and Mrs. Frank M. Thames Jr. (Phyllis)
Dr. and Mrs. Ralph A. Tillman Sr. (Wilma)
Dr. and Mrs. Joseph W. Tollison (Betty)
Dr. William V. Tomlinson
Dr. and Mrs. James B. Traylor (Joanna)
Dr. and Mrs. T. Barrett Trotter (Anne)
Dr. and Mrs. Dzintris Vallis (Sylvia)
Dr. and Mrs. William S. Van Cise (Martha)
Dr. Theodora Vanderzalm (Rufus)
Dr. and Mrs. Ildemaro J. Volcan (Daisy)
Dr. Thomas Von Dohlen
Dr. Wari L. Wabara
Dr. James W. Wade II
Dr. Charles O. Walker
Dr. and Mrs. Donald B. Waters (Brenda)
Dr. and Mrs. Jubal R. Watts (Nancy)
Dr. Horace E. Weems Jr.
Jackie and Nan Wetherhorn
Dr. and Mrs. William O. White III (Sylvia)
Dr. and Mrs. Michael H. Whittle (Janet)
Dr. and Mrs. Charles C. Wike (Candy)
Dr. Robert E. Willett Jr.
Dr. and Mrs. Charles K. Williamson (Tammy)
Dr. Arthur W. Willis Jr.
Mr. James O. Wilson
Dr. Joe E. Wilson
Dr. and Mrs. Stephen T. Worsham (Christine)
Dr. and Mrs. William W. Wynn (Ilana)

Century Club

Gifts of $100 or more during fiscal period 1989-90 entitle donors to membership in the Century Club. We gratefully acknowledge their generosity.

Dr. and Mrs. Robert J. Adkins (Barbara)
Ms. Ann S. Anderson
Dr. and Mrs. Robert L. Anderton (Martha)
Dr. and Mrs. John R. Andrew (Elizabeth)
Dr. and Mrs. Benjamin C. Andrews Jr. (Michelle)
Dr. Amir H. Ansari
Dr. and Mrs. Robert Anthony (Mattie)
Dr. and Mrs. Murray C. Arkin (June)
Dr. and Mrs. Joseph A. Arnold (Phyllis)
Mr. and Mrs. Glenn C. Atkinson (Mollee)
Dr. Paul C. Atwater
Dr. Mitchell A. Avent
Mr. and Mrs. Charles J. Bachman (Barbara)
Dr. and Mrs. Thomas E. Bailey Jr. (Katherine)
Dr. James P. Bannister
Mrs. Barbara A. Barbin (Louis)
Dr. and Mrs. William E. Barfield Jr. (Lois)
Dr. William E. Barfield Sr.
Dr. and Mrs. Burton B. Barmore III (Mary)
Ms. Martha D. Barnard (Calvin)
Dr. and Mrs. Harrison W. Barnes Jr. (Kristanna)
Dr. and Mrs. James E. Baugh (Betty)
Dr. and Mrs. Wilber E. Baugh (Lucy)
Dr. Antonio V. Baute
Mr. and Mrs. H. Dean Beasley (Laraine)
Dr. and Mrs. William. P. Bebbington (Bettty)
Ms. Sara T. Beck
Dr. James A. Bedingfield Sr.
Dr. Walter H. Bedingfield
Dr. and Mrs. Bruce J. Beeber (Linda)
Dr. Charles W. Beeson II
Dr. and Mrs. Eugene D. Bell Sr. (Lillian)
Mr. Junius C. Bell
Dr. and Mrs. R. Reppard Bennett (Anita)
Dr. Elizabeth A. Bernhard (Dale)
Dr. and Mrs. Charles F. Besancheney (Kathleen)
Dr. and Mrs. William M. Bethea Jr. (Kathy)
Dr. Madhu B. Bhalla
Mr. Richard R. Bias
Mr. Patrick G. Blanchard
Dr. and Mrs. William W. Bledsoe Jr. (Lou)
Dr. and Mrs. Wade B. Blount (Page)
Dr. and Mrs. John P. Bond (Helen)
Dr. and Mrs. David L. Booker (Patty)
Dr. Joseph R. Bosley
Mr. and Mrs. Robert A. Bosque Jr. (Shannon)
Dr. and Mrs. William K. Bostock (Kathy)
Dr. Pete N. Bougas Jr.
Dr. and Mrs. John L. Bowen (Elaine)
Dr. and Mrs. Robert C. Bowman (Bonitta)
Dr. and Mrs. William S. Boyd (Elizabeth)
Dr. and Mrs. Frank T. Boysia (Dolores)
Dr. and Mrs. Robert A. Bradley (Shirley)
Mrs. Shirley S. Bradley (Robert)
Dr. and Mrs. Gordonn L. Brady (Donna)
Dr. and Mrs. James W. Branam Jr. (Sally)
Dr. and Mrs. Edwin D. Bransome Jr. (Janet)
Dr. Carol E. Brock (Thomas)
Dr. and Mrs. Edward Brombert (Sharon)
Dr. Betty Ann Brooks
Dr. and Mrs. William S. Brooks (Dehorah)
Mr. and Mrs. Charles M. Brown (Delaine)
Dr. and Mrs. Richard A. Brown (Paula)
Dr. and Mrs. Walter J. Brown Jr. (Faith)
Dr. and Mrs. William M. Brown (Mable)
Dr. and Mrs. Rodney M. Browne (Linda)
Dr. George H. Brownell
Mr. and Mrs. Coy Bulluck (Elaine)
Mrs. Martha R. Burnett (James)
Dr. and Mrs. Frank A. Burns (Susan)
Mrs. Julia B. Burroughs (William)
Mrs. Alie R. Butler
Dr. Tillie H. Caddell (Morris)
Dr. and Mrs. Dan Callahan (Michele)
Ms. Beverly Calvert
Dr. and Mrs. Richard A. Carithers (Julie)
Dr. and Mrs. Joseph E. Carlisle (Jane)
Dr. and Mrs. Albert A. Carr (Nancy)
Dr. and Mrs. Jeffrey C. Carstens (Julie)
Mr. and Mrs. Charles E. Carter III
Dr. and Mrs. Curtis H. Carter (Sarah)
Dr. and Mrs. Paul T. Cato (Junie)
Dr. and Mrs. William F. Catrett (Judy)
Miss Panonia Cecil
Dr. and Mrs. Charles R. Chamberlain Jr. (Mary)
Dr. Francis W. Chandler Jr.
Dr. James B. Chandler
Dr. and Mrs. Bobby R. Childree (Mary)
Mr. and Mrs. Robert K. Chong (Anna)
Dr. Marc L. Circle
Dr. and Mrs. Daniel H. Clarke (Joanne)
Ms. Judith A. Clarke
Dr. and Mrs. Mack H. Clements (Martha)
Dr. Martha D. Clements (Mack)
Dr. David S. Coats
Dr. and Mrs. James S. Cochran (Carol)
Dr. and Mrs. Thomas A. Cochran Jr. (Susan)
Dr. and Mrs. Howard J. Cohen (Caryl)
Dr. and Mrs. Millard J. Collier Jr. (Michelle)
Mrs. Amy E. Collins (Samuel)
Dr. and Mrs. Cleve B. Collins (Nancy)
Dr. D.C. Collins
Mr. and Mrs. Samuel K. Collins (Amy)
Dr. Ronald N. Cook
Mr. and Mrs. John K. Costain (Rose)
Ms. Yvonne M. Courtney
Mrs. Nancy Cowart (Ulie)
Ms. Emily A. Craig
Dr. and Mrs. C. Lyn Crooms (Jo Ann)
Mrs. J.E. Crosby
Dr. Robert N. Cross Jr.
Dr. and Mrs. Charles C. Crowell III (Jolene)
Mrs. Julia R. Crowley (John)
Dr. and Mrs Burford W. Culpepper (Marie)
Dr. and Mrs. Verne E. Cutler (Kitty)
Dr. and Mrs. Fred L. Daniel (Karen)
Dr. and Mrs. Marion N. Dasher Jr. (Paula)
Mr. Woodson B. Daspit
Dr. and Mrs. Marvin L. Davis (Ellen)
Mr. Raymond E. Davis
Dr. and Mrs. Daniel S. De La Penha (Mildred)
Dr. and Mrs. John H. Deaton Jr. (Butch)
Dr. and Mrs. Johnny T. Deen (Betty)
Dr. and Mrs. Joel S. Dekle (Sandra)
Dr. and Mrs. David R. Dennison (Lynn)
Mrs. Marjorie B. Desrosier (John)
Dr. Margaret B. Devore (Robert)
Dr. Andrew E. Dick
Mr. and Mrs. Neal W. Dickert (Floride)
Dr. and Mrs. David J. Dickey (Barbara)
Dr. and Mrs. John W. Dickey (Jean)
Dr. and Mrs. Lovick E. Dickey (Luella)
Dr. and Mrs. Robert E. Dicks III (Lynn)
Dr. and Mrs. Paul L. Dickson (Sherry)
Dr. and Mrs. David L. Dill (Dianne)
Dr. and Mrs. Thomas R. Dirksen (Jean)
Miss Alda L. Ditchfield
Mr. and Mrs. Phil Dodd (Mary)
Dr. and Mrs. George S. Drew (Ann)
Dr. and Mrs. Augustus B. Dudley Jr. (Twyla)
Dr. and Mrs. Charles A. Duncan (Susan)
Dr. Roy G. Duncan
Dr. James W. Dye
Ms. Sherrie B. Dyson (James)
Dr. and Mrs. Gregory L. Eastwood (Lynn)
Dr. and Mrs. A. Joseph Edwards Jr. (Madge)
Dr. and Mrs. Buford O. Edwards Jr. (Donna)
Dr. Frances K. Edwards
Dr. and Mrs. Herman A. Elder (Nancy)
Dr. and Mrs. Eric P. Ellington (Karen)
Dr. and Mrs. John O. Ellis (Gene)
Dr. and Mrs. Morris M. Elstein (Sharon)
Dr. and Mrs. John F. Erbland (Nancy)
Dr. and Mrs. Frank B. Erwin (Janice)



Dr. and Mrs. Carlos L. Esquivia-Munoz (Neyla)
Dr. and Mrs. John G. Etheridge (Anita)
Dr. and Mrs. Victor I. Etheridge (Melba)
Mr. and Mrs. Lee E. Faber (Jean)
Miss Donna M. Fair
Dr. Dorth G. Falls III
Mr. and Mrs. John W. Farmer (Anne)
Mr. and Mrs. Paul M. Farthing Sr. (Florence)
Dr. Mary M. Faucher (Roland)
Dr. A. Humphrey Faulkner
Dr. and Mrs. Marshall L. Fay (Faye)
Drs. Daniel and Elaine Feldman
Dr. and Mrs. Emmet F. Ferguson Jr. (Jerry)
Dr. and Mrs. Christopher L. Feucht (Nancy)
Dr. and Mrs. David W. Fillingim (Beverly)
Dr. and Mrs. Mark R. Firth (Janis)
Dr. Margaret H. Fitch (Paul)
Mrs. Roxana M. Fitzpatrick (Paul)
Dr. James D. Folds
Dr. Brad N. Ford
Dr. and Mrs. Henry J. Ford (Jenny)
Ds. Murray and Sandra Freedman
Dr. and Mrs. Davidson L. Freeman (Gwen)
Dr. and Mrs. Michael B. Freeman (Kathryn)
Mr. and Mrs. Robert L. Friday (Elizabeth)
Dr. and Mrs. Michael C. Gaddy (Norma)
Dr. and Mrs. Joseph J. Gaines Jr. (Vicki)
Dr. Richard R. Gala
Dr. and Mrs. Louis P. Gangarosa Sr. (Clara)
Dr. Pickens A. Gantt
Dr. and Mrs. John W. Garland III (Sylvia)
Miss Octavia Garlington
Dr. and Mrs. Thomas S. Gatewood (Anne)
Dr. and Mrs. M.E. Geer (Merry)
Ms. Linda T. Geisler
Dr. John P. George
Dr. and Mrs. William M. George Jr. (Shirley)
Dr. and Mrs. Isbin S. Giddens (Sybil)
Dr. and Mrs. Garnett J. Giesler Jr. (Linda)
Mr. Harry Gilmore
Dr. and Mrs. Hugh E. Gleaton Jr. (Madge)
Dr. Lee B. Godfrey
Dr. William W. Goodhue Jr.
Dr. Susan M. Goodson (John)
Dr. and Mrs. Robert L. Gordon (Cynthia)
Dr. and Mrs. Chaney B. Gordy (Susan)
Ms. Carol W. Grantham
Dr. and Mrs. Robert M. Gray Jr. (Pat)
Mr. George H. Greeley Jr.
Dr. Edward J. Green
Dr. and Mrs. Lowell M. Greenbaum (Gloria)
Dr. Joseph M. Greene Jr.
Dr. and Mrs. Mack V. Greer (Betty)
Dr. and Mrs. Joe L. Griffeth Sr. (Ann)
Dr. and Mrs. Edmond I. Griffin (Georgia)
Dr. Joseph F. Griffin
Dr. and Mrs. Thomas L. Griffin (Ann)
Dr. and Mrs. Wallace Griner (Marlene)
Dr. and Mrs. Charles M. Gross (Kathy)
Mrs. Anne W. Groves (Robert)
Mrs. Judith M. Guenther
Dr. Margaret F. Guill (Marshall)
Dr. and Mrs. Robert A. Hand Sr. (Maryanne)
Dr. and Mrs. Thomas P. Harden (Susan)
Dr. and Mrs. William E. Harden (Mary)
Dr. David R. Harman
Dr. and Mrs. Osmah E. Harrell (Margaret)
Dr. and Mrs. Robert H. Harris Jr. (Rebecca)
Drs. R.W. and Gayle Harrison III
Mr. Steven J. Harrison
Dr. and Mrs. Mark H. Hassel (Jennifer)
Dr. Ralph K. Haugen
Dr. Katrine R. Hawkins (Colbert)
Dr. Preston P. Hawkins (Don)
Dr. and Mrs. Horace T. Hayes (Betty)
Mr. Lloyd E. Hayes Jr.
Mrs. Carole J. Haynes (Richard)
Mr. and Mrs. Danny W. Haywood Sr.
Mr. Harry G. Heath
Dr. and Mrs. David G. Helton (Susan)
Ms. Susan H. Helton (David)
Dr. William D. Henderson
Dr. William J. Henderson
Dr. and Mrs. John E. Hendley (Robbie)
Ms. Sybil A. Hendrix
Dr. Julia M. Heng
Dr. and Mrs. Chaucey E. Herrington Jr. (Cathy)
Dr. and Mrs. Russell P. Herrington (Wanda)
Dr. Carroll W. Hester
Dr. Milton M. Hester
Dr. and Mrs. James W. Hill (Ruth)
Mr. and Mrs. Lewis J. Hinely Jr. (Patricia)
Maj. Meredyth C. Hirsch (Kenneth)
Mr. and Mrs. Durham T. Hobbs
Mr. and Mrs. Albert M. Hodge Jr. (Cheryl)
Dr. and Mrs. Edward A. Holmes III (Cathy)
Dr. and Mrs. Gerald B. Holzman (Barbara)
Dr. and Mrs. Robert P. Hortman (Susan)
Dr. and Mrs. William H. Houston (Lynelle)
Dr. and Mrs. Matthew T. Howard (Beverly)
Mrs. Mary P. Hudkins (Robert)
Mr. and Mrs. David Hudson
Dr. Sandra D. Hudson
Dr. Joseph W. Huff
Mr. and Mrs. Artis L. Huggins (Gretel)
Mr. and Mrs. Joel P. Hunnicutt II (Lydia)
Dr. and Mrs. Jesse L. Hunt (Betty)
Dr. David B. Hurst
Dr. Paul Hutchinson Jr.
Dr. and Mrs. Kenneth H. Hyatt (Grace)
Dr. John T. Hydrick (Pamela)
Dr. Yoshiro Iga
Dr. Sidney Isenberg
Mr. and Mrs. Jodie H. Ivey III
Dr. Jonathan A. Jarman
Dr. and Mrs. W. Deveraux Jarratt (Kathleen)
Dr. and Mrs. Harold G. Jarrell Sr. (Corinne)
Dr. Kenneth H. Joel
Ms. Beatrice E. Johnson
Ms. Beverly C. Johnson (Walter)
Dr. and Mrs. Clarence E. Johnson Jr. (Wendy)
Dr. F. Stanley Jones
Dr. Henry B. Jones Jr.
Ms. Terry W. Jones (James)
Dr. and Mrs. Warren J. Jones Jr. (Olivia)
Dr. Nancy N. Kator
Dr. and Mrs. Robert R. Keim Jr. (Nell)
Mrs. Virginia H. Kemp (Doug)
Dr. and Mrs. Gary S. Kempler (Lynn)
Mr. and Mrs. A. Gilbert Kennedy (Pamela)
Mr. and Mrs. Frederic Kennedy Jr. (Jacqueline)
Mr. John G. Kennedy Jr.
Dr. and Mrs. Lowell J. Kepp Jr. (Betty)
Dr. Richard D. Key
Mrs. Sarah H. Killgore
Dr. and Mrs. Karl F. Kinkel (Mary)
Mr. and Mrs. T.E. Kirby (Betty)
Dr. and Mrs. James J. Kirkland Sr. (Anne)
Mr. and Mrs. Lawrence Knox
Mr. and Mrs. Wyck A. Knox Jr. (Shell)
Mr. and Mrs. Robert E. Kosky (Mary)
Dr. Richard A. Krakow
Dr. and Mrs. Francis T. Lake (Laney)
Mr. and Mrs. L. Hayne Lamar (Sheryl)
Dr. and Mrs. Charles C. Lamb (Willa)
Dr. Marian F. Lane (David)
Dr. and Mrs. James E. Lantz Jr. (Lenore)
Dr. and Mrs. Michael N. Laslie (Martha)
Dr. Linda Leatherbury (Spence)
Dr. Dave C. Lee
Dr. Thomas K. Leggett Jr.
Dr. Jay A. Levin
Dr. Martin G. Levine
Mrs. Paula R. Lewis
Dr. and Mrs. Richard S. Limbird Jr. (Gloria)
Dr. Ta-Jung Lin
Ms. Barbara R. Link
Dr. and Mrs. Werner A. Linz (Catherine)
Ms. Lynda Gayle Littlefield
Miss Frances L. Livingston
Ms. Julia Lobotsky
Dr. and Mrs. Charles G. Lodge (Carolyn)
Dr. Cathy C. Lovett (Chauncey)
Dr. and Mrs. Robert N. Lowe (Kathy)
Dr. and Mrs. Darrell G. Lowrey (Rebekah)
Dr. and Mrs. Howard S. MacGregor (Myrtice)
Mr. and Mrs. David L. Maddox (Patricia)
Mr. and Mrs. Larry Maitson
Dr. Thompson C. Maner
Ms. Patricia Mangum
Mrs. Pieree E. Marks Jr.
Dr. and Mrs. Paul A. Marques (Mary)
Mr. and Mrs. Dennis C. Marshall (Sharon)
Dr. and Mrs. Frederick W. Martin (Susan)
Dr. and Mrs. John M. Martin (Elsie)
Dr. and Mrs. Robert B. Martin III (Iona)
Mr. Leroy B. Martz
Mrs. Darlyne G. Mathewes (John)
Dr. and Mrs. Dawson K. Mathews (Deborah)
Dr. and Mrs. George W. Mathews Jr. (Jane)
Dr. Hubert I. Matthews
Dr. and Mrs. Gilbert Maulsby (Mary)
Dr. and Mrs. Stephen C. May Jr. (Nancy)
Dr. John H. Maylock
Dr. Brenda J. McAvoy
Dr. and Mrs. Warren S. McClelland (Vashti)
Mr. and Mrs. T.J. McCorkle (Mary)
Dr. and Mrs. Howard C. McDermid (Mary)
Dr. and Mrs. Charles D. McDonald Jr. (Janet)
Dr. and Mrs. Harrison R. McDonald (Faye)
Dr. and Mrs. Dennis E. McDonnell (Jean)
Dr. and Mrs. Donald A. McEachern (Cindy)
Mrs. John McElmurray
Dr. and Mrs. James E. McKinney (Susan)
Dr. and Mrs. John R. McKinney (Martha)
Dr. and Mrs. Ray L. McKinney (Ellen)
Dr. and Mrs. Howard C. McMahan (Janet)
Mrs. Mary A. Mead (Joe)
Mrs. Mattie L. Meadowcroft
Dr. Henry G. Mealing Jr.
Dr. and Mrs. Michael G. Medcalf (Donna)
Dr. and Mrs. William H. Meeks (Marilyn)
Dr. Jack H. Melton
Dr. and Mrs. Hubert W. Merchant (Angelique)
Dr. Virginia A. Merchant
Mr. and Mrs. Gene Michelson (Kay)
Dr. and Mrs. Tracy W. Middlebrooks Jr. (Susan)
Dr. and Mrs. Oswald L. Mikell (Marianne)
Mr. and Mrs. Carroll Milam Jr.
Dr. and Mrs. Cecil L. Miller (Mae)
Dr. and Mrs. George T. Miller Jr. (Anne)
Dr. Gordon C. Miller
Mr. Stewart L. Miller
Dr. George T. Mims
Dr. and Mrs. Harold M. Mims (Shirley)
Dr. James W. Mitchener
Dr. Edward H. Mohme II
Ms. Janet W. Montgomery
Ms. Gladys Moore
Dr. and Mrs. William L. Moore Jr. (Ann)
Dr. and Mrs. Coleman Mopper (Shirley)
Dr. and Mrs. John J. Mosca Jr. (Beth)
Dr. and Mrs. Robert B. Moss Jr. (Marianne)
Ms. Jane M. Mothner
Dr. Edgardo Mucha
Dr. and Mrs. Arnold P. Mulkey Jr. (Toma)
Dr. and Mrs. Kenneth L. Mullis (Linda)
Ms. Debra Munn
Dr. and Mrs. Darrell W. Murray (Hannah)
Dr. Marlon E. Murrell
Dr. and Mrs. Guillermo Nadal (Maxine)
Dr. Manubai Nagamani
Dr. and Mrs. Omar A. Najjar (Kim)
Mr. J. Scott Nathanson
Dr. P.K. Natrajan
Ms. Karen B. Naylor
Dr. and Mrs. William J. Neglia (Dianne)
Dr. Marietta Nelson (Ikpe)
Dr. Charles T. Nevels
Dr. Cheryl L. Newman
Dr. and Mrs. William H. Nichols Jr. (Martha)
Mr. Sam G. Nicholson
Dr. and Mrs. W. Harold Nixon (Josephine)
Dr. and Mrs. James E. Nutt (Nancy)
Mr. and Mrs. Robert L. O'Neill (Carol)
Dr. and Mrs. Donald E. O'Rourke (Carol)
Dr. Lawrence D. Odom
Mrs. Terrilee Odom (Richard)
Dr. and Mrs. Gregory T. Odrezin (Jamie)
Dr. and Mrs. Charles L. Ogburn Jr. (Susan)
Dr. Alan J. Olansky
Dr. and Mrs. James L. Orrington (Mary)
Mrs. Theresa W. Ouzts (Harvey)
Mr. Jimmy C. Owens
Dr. and Mrs. William M. Oxford (Jane)
Dr. and Mrs. Fred A. Padgelek (Mary)
Mrs. Dr. Anne B. Morris
Mr. and Mrs. Bryan A. Morris (Donna)
Ms. Vicki L. Morris (Steven)
Dr. and Mrs. james P. Morrison III (Dianne)
Dr. and Mrs. Stuart J. Padove (Susan)
Mr. Travers W. Paine III
Dr. David L. Palmer
Dr. William P. Panell (Linda)
Dr. and Mrs. Cooley G. Pantazis (Ellen)
Dr. and Mrs. James A. Panter (Theresa)
Ms. Dorothy B. Parkes
Dr. and Mrs. Robert A. Parrish Jr. (Dorothy)
Dr. and Mrs. Rafael P. Pascual (Angela)
Drs. David H. and Edna L. Pashley
Dr. and Mrs. John W. Patrick (Lynn)
Ms. Teresa Patrick
Mrs. Donna M. Pavek (David)
Dr. and Mrs. Donald J. Payne (Nancy)
Dr. and Mrs. Lamar B. Peacock (Jane)
Dr. and Mrs. William J. Peeples (Margaret)
Dr. William E. Pellerin
Dr. Phyllis E. Pendergrast (Donald)
Dr. Martha D. Perkerson (Michael)
Mr. and Mrs. E. Owen Perry (Joy)
Dr. and Mrs. Gary K. Person (Victoria)
Dr. and Mrs. Frederick M. Peterson (Nan)
Dr. and Mrs. Powers Peterson (Martin)
Dr. and Mrs. Paul R. Phelps Sr. (Connie)
Dr. and Mrs. George Phillips (Carol)
Dr. and Mrs. Peter A. Phrydas (Rebecca)
Dr. Clovis H. Pierce
Dr. and Mrs. Harry D. Pinson (Virginia)
Dr. and Mrs. Joel C. Pittard (Carol)
Dr. Leo Plouffe Jr.
Dr. and Mrs. Leland L. Pool (Betty)
Mrs. Susan M. Pope (James)
Dr. and Mrs. Donald I. Posner (Connie)

Mr. J. Kevin Powell
Dr. and Mrs. Leander K. Powers (Pauline)
Dr. and Mrs. L. Michael Prisant (Rose)
Mr. Carroll Proctor
Dr. H. Dean Propst
Dr. and Mrs. James E. Pruett (Carol)
Dr. Holde Puchtler
Dr. and Mrs. Robert L. Pulliam Jr. (Margaret)
Dr. and Mrs. Fred N. Pylant Jr. (Norma)
Dr. and Mrs. Leonard J. Rabhan (Bernice)
Dr. Nathan B. Rahhan
Dr. and Mrs. Gerald R. Rausch (Candace)
Dr. Ronald C. Reagan
Dr. Anne R. Mitchum
Mr. and Mrs. Frederick Redwanz (Kaye)
Dr. and Mrs. James C. Rewis (Sherry)
Dr. and Mrs. Charles L. Ridley Jr. (Gladys)
Dr. and Mrs. Phillip E. Rigdon (Anne)
Ms. Olivia E. Riley (Steven)
Ms. Geraldine Rinker
Dr. and Mrs. Ralph D. Roberts (Joyce)
Dr. Reuben S. Roberts Jr.
Mr. and Mrs. King Rocker (Beth)
Dr. and Mrs. Steven G. Rogers (Kimberly)
Dr. and Mrs. Francis P. Rossiter (Glenda)
Dr. and Mrs. Grady E. Rozar Jr. (Donna)
Dr. and Mrs. Saul S. Rubin (Audrey)
Dr. Alison K. Rufo
Dr. and Mrs. Carl P. Savage (Josie)
Ms. Mary B. Saxon (Terry)
Dr. and Mrs. Van B. Saye Jr. (Lois)
Mr. Robert E. Saylors
Dr. and Mrs. Roger W. Scarhrough Jr. (Eleanor)
Mr. Kenneth L. Schanze
Ms. Shirley M. Schiffer (Edwin)
Dr. and Mrs. Rohinson W. Schilling Jr. (Sarah)
Mr. and Mrs. Frank R. Schmid (Theresa)
Mrs. Kimberly K. Schmidt (Tim)
Dr. and Mrs. Jan Scholer (Patrice)
Ms. Sarah H. Schuman (Bernard)
Dr. and Mrs I. Gene Schwarz (Joan)
Ms. Karen B. Serotta
Dr. George W. Shannon
Mr. Stephen M. Shapiro
Dr. and Mrs. Joel S. Shavin (Brenda)
Dr. and Mrs. David L. Shaw (Dana)
Dr. and Mrs. Edwin C. Shepherd (Betty)
Dr. and Mrs. Harry C. Sherman (Ann)
Mrs. William C. Shirley
Dr. William C. Shirley Jr.
Dr. and Mrs. Marc S. Siegel (Rosemary)
Dr. and Mrs. Gerald Silverboard (Nancy)
Dr. Burton F. Simmons
Dr. and Mrs. Robert W. Simmons (Glenda)
Mr. and Mrs. Paul S. Simon
Dr. and Mrs. Robert W. Sims (Susan)
Dr. and Mrs. W. Graham Sims (Curtis)
Col. and Mrs. Jerome R. Singer (Marilyn)
Miss Juanita Sirmans
Dr. and Mrs. Allen L. Slsk (Karen)
Dr. and Mrs. Wyman P. Sloan III (Lynn)
Dr. and Mrs. Cason C. Smith (Jean)
Dr. Clifton Smith
Dr. and Mrs. Gerard N. Smith (Sandra)
Dr. and Mrs. Herbert D. Smith (Patricia)
Dr. and Mrs. L. Travis Smith (Cheryl)
Dr. and Mrs. Leroy F. Smith Jr. (Beth)
Dr. and Mrs. Luther J. Smith II (Velma)
Mr. and Mrs. Edwin H. Smith (Audrey)
Mr. and Mrs. Robert J. Smith (Darla)
Dr. and Mrs. Rodney L. Smith (Linda)
Dr. and Mrs. Roger P. Smith (Barbara)
Dr. Samuel R. Smith
Dr. and Mrs. W.T. Smith (Lora)
Dr. and Mrs. Alan M. Speir (Gail)
Mr. and Mrs. W.O. Spivey (Pamela)
Dr. and Mrs. Chester T. Stafford (Charlotte)
Mr. and Mrs. Byron Stebbins (Ann)
Dr. and Mrs. Walter R. Stern (Helen)
Ms. Alice J. Stevens
Dr. and Mrs. Thomas W. Stewart Jr. (Margaret)
Dr. Karyn L. Stockwell
Dr. and Mrs. James R. Story (Carol)
Dr. and Mrs. Stacy H. Story III (Nancy)
Dr. and Mrs. Avery W. Strickland (Rosemary)
Dr. Linda M. Stringer (Bill)
Dr. and Mrs. David G. Stroup (Elizabeth)
Dr. adn Mrs. Joseph T. Stubbs Jr. (Ann)
Dr. and Mrs. Hubert M. Suber (Marcia)
Dr. Virginia Suttenfield
Mr. Richard Swann
Dr. and Mrs. Wayne T. Tadsen (Jackie)
Dr. and Mrs. James M. Tallman (Gayle)
Mr. and Mrs. Dennis Taylor (Betty)
Ms. Lena Tedesco
Dr. C. Rex Teeslink
Dr. and Mrs. Robert W. Teets (Cheryl)
Dr. Delinda H. Terry (Steve)
Dr. and Mrs. James D. Thacker Jr. (Sandra)
Dr. and Mrs. Thomas L. Theus (Peggy)
Dr. Sandra Phung Thi Tho
Dr. Brenda H. Thomas
Dr. and Mrs. Frank D. Thomas (Mary)
Dr. Cephas V. Thomason III
Dr. David R. Thomason
Mr. A.R. Thompson
Dr. and Mrs. Barry L. Thompson (Karen)
Dr. Braford R. Thompson
Dr. Herman O. Thompson Jr.
Dr. and Mrs. Billups P. Tillman (Regina)
Dr. and Mrs. Jack K. Tippens (Lynda)
Dr. and Mrs. Fred A. Trest (Yvonne)
Dr. and Mrs. Judson R. Trippe Jr. (Mary)
Mrs. Rebecca C. Trooboff
Ms. Elizabeth S. Tucker (Thomas)
Mr. and Mrs. G.H. Tucker
Mr. J.L. Turgeon
Ms. Virginia Turnage
Dr. and Mrs. John E. Turrentine (Dot)
Dr. and Mrs. Thomas D. Twilley (Lillian)
Mrs. Carolyn H. Usry
Dr. Barbara J. Utermark (David)
Mr. and Mrs. W. Van Der Zalm
Dr. and Mrs. Roy W. Vandiver (Maureen)
Dr. and Mrs. George E. Vangiesen Jr. (Gail)
Dr. and Mrs. Johnathan P. Vansant (Rhonda)
Ms. Karen L. Waldo
Ms. Patricia M. Walker
Dr. John D. Walton
Mr. and Mrs. James M. Watson
Dr. and Mrs. W. Gamewell Watson (Audrey)
Dr. and Mrs. Irwin A. Wehb Jr. (Linda)
Dr. and Mrs. David A. Wells (Sarah)
Dr. David A. Welter
Dr. and Mrs. Charles S. West Jr. (Cheryl)
Dr. and Mrs. William Weston III (Elise)
Dr. and Mrs. Elrich F. Westphal (Ilse)
Dr. Robert H. Wharton Jr.
Dr. Benton M. Wheeler
Dr. and Mrs. Gordon E. Wheeler (Penny)
Dr. and Mrs. Robert S. Whitelaw (Laura)
Dr. and Mrs. Richard R. Whitlock Jr. (Kay)
Dr. Gail Whitman (Martin)
Mr. and Mrs. Dan G. Whitmire (Faye)
Dr. and Mrs. Ronald N. Whitmire (Carol)
Mr. and Mrs. George C. Whitner
Mr. and Mrs. Walter W. Wilfong (Frances)
Dr. and Mrs. Joseph S. Wilkes (Deborah)
Dr. and Mrs. Ralph M. Wilkiemeyer (Ann)
Dr. John L. Williams
Dr. and Mrs. Wendell H. Williams Jr. (Kathy)
Dr. and Mrs. Roston M. Williamson Jr. (Patricia)
Dr. and Mrs. Charles E. Wills Jr. (Adrienne)
Mr. Charles A. Wilson
Dr. and Mrs. Freddie E. Wilson (Barbara)
Dr. and Mrs. James M. Wilsonn (Brenda)
Dr. and Mrs. John S. Wilson (Esther)
Dr. and Mrs. Benjamin H. Wofford Jr. (Sandra)
Dr. Michael W. Wofford
Mr. Ralph Wong
Dr. and Mrs. Samuel E. Wood (Linda)
Ms. Louise M. Wright
Dr. William J. Wylie
Ms. Roberta Wynn
Dr. and Mrs. Kim B. Yancey (Kay)
Dr. and Mrs. Andrew J. Yates (Harriett)
Ms. Gwen F. Young
Col. and Mrs. Timothy Young (Lynne)
Dr. Chikao Yutani

Apologia

Every effort has been made to verify the accuracy of this listing of the 1989-90 donors. If errors are found, however, we request prompt notification to: *MCG Donor Information Office; FI-100; Augusta, Georgia 30912.*

We apologize for any inconvenience caused.

It is the goal of this publication to give a special "thank you" to those donors who qualified for membership in a special giving club. Every gift, regardless of size, is sincerely appreciated.

Planned Giving

Supporting the Medical College in Your Estate Plans

As I prepare my thoughts for this article on wills, I cannot forget the MCG alumnus who had the burning desire to restore the old Medical College of Georgia building to its former glory. Years earlier, he and his attorney drafted a will containing a provision "to preserve and partially restore" the building as a memorial to the college's faculty of the first 100 years.

As alumni interest in the renovation of the building grew, he stepped forward with the intentions of his will. An even greater vision of the restoration began to evolve. In 1987, he modified his will to provide an even greater financial commitment to the emerging project. What was once a hope began to become a reality.

Now that this marvelous structure is almost renewed, we can look back to this alumnus as the major impetus to the restored building. Even though he did not live to see the groundbreaking of the renovation, he died knowing that his plans would be fulfilled.

A charitable bequest through a will provides a significant mechanism to accomplish the charitable goals of one's life. We in the alumni/development office at the Medical College of Georgia, hope that many alumni and friends will want to make a provision in their wills to support our various educational and health care programs.

We want to remind every person of the importance of making a will and the ease of making a provision for the college. If you wish to receive further information on providing for the college, including some arrangements which can also provide you lifetime income from your estate, you can reach me, Bruce Howerton, at our toll-free number: 1–800–869–1113.

MCG Foundation: The 'What Is' and the 'Why'

I have often been asked two questions. First, what is the Medical College of Georgia Foundation? Second, why the Medical College of Georgia Foundation?

The Medical College of Georgia Foundation is a non-profit corporation whose purposes are charitable, religious, scientific, literary and educational. The corporation serves the needs and interests of MCG and promotes the well-being of MCG, its administration, faculty, staff, student body and the people and communities served by MCG. It also has powers to acquire, receive and accept property to be administered exclusively for charitable purposes, primarily for the benefit of MCG.

It it not the intent of the corporation to pre-empt functions of the Board of Regents. Rather, the resources of the corporation are to be used inter alia, or among other things (I like that phrase), to supplement and enhance actions of the board in support of MCG.

Purposes also include receiving and holding money and property. Income from these two items is used to maintain and improve the high standard of instruction at MCG; for advanced faculty study; for research expenses; and to financially assist students.

The purposes may also include payment of salaries; preservation and maintenance of equipment, books, supplies and other property; and creation and maintenance of faculty fellowships, research facilities and scholarships.

Further, the money or property may be conditional upon providing payments to the donor throughout his life, or to others if a remainder trust has been selected.

It also has powers to spend, invest and reinvest all such money, or any portion thereof, and the income from these investments, as determined by the board of directors.

The foundation accepts donations and transfers to carry out its charitable purposes. To do this, the foundation has four categories of established accounts and funds: designated endowment funds, the general endowment, designated expendable accounts and general expendable accounts. At least $1,000 must be donated within a year to establish a designated endowment account. The account must increase to $10,000 within three years to become a fund.

The 35 members of the board of directors govern the corporation. Fourteen are ex officio members because of their MCG positions: the president, vice president of academic affairs, vice president for business and finance, vice president for university advancement, MCG's five deans and the president of each school's alumni association.

Fifteen board members are MCG alumni. Five are people who have shown an interest in the foundation by performing a service or rendering assistance to the foundation. The board of directors selects these members. The executive director of the foundation is an honorary member of the board of directors.

This synopsis, taken from the Articles of Incorporation and the foundation's bylaws, is the "what is" of the foundation.

And why? MCG alumni are very fortunate. We are members of an exclusive group. Not as exclusive as the U.S. Senate or the U.S. Congress, but we belong to an exclusive group here in Georgia. If you stop and think about it, we are a chosen few. We are graduates of MCG. We were given the opportunity to become health care practitioners. We accepted the challenge, took the ball and ran with it. And here we are: graduates of MCG.

I feel that you and I owe MCG our gratitude, our thanks and our support in all ways. If you stop and reflect, think of what you would be doing if you had not been accepted to MCG.

I appreciate the privilege of being an MCG graduate and work hard trying to repay MCG for giving me the opportunity to become a physician. I feel that if a problem exists at MCG, you and I as alumni can be problem solvers by making our presence known at MCG. This can be done by your moral support and your financial support. Join me in helping MCG obtain and maintain its proper role in medical education for the citizens of Georgia. The MCG Foundation can only be as successful as you and I, the alumni, want it to be.

We have a new administration at MCG. President Francis Tedesco, Dean Gregory Eastwood and the other schools' deans want to hear any concerns you may have regarding MCG.

This is the "why."

Dr. H. Gordon Davis Jr.
President
Medical College of Georgia Foundation

President's Advisory Council

Gerald Achenbach
Retired Chairman of the Board
Piggly Wiggly Southern

Marvin C. Goldstein, D.D.S.
Goldstein, Feinman & Garber

Charles B. Presley
Chairman, Executive Committee
First Union Corporation of Georgia

Larry Walker
Attorney-at-Law
Walker, Hulbert, Gray & Byrd

William P. Copenhaver
President and Chairman
Columbia Nitrogen Corporation

James H. Hamilton
Past President
C&S Bank, LaGrange

Carl Reith
Retired President
Oxford Industries

Solomon W. Walker
President and CEO
Solomon W. Walker and Associates

William A. Dahlberg
President and CEO
Georgia Power Company

David J. Hogg
City President
First Union National Bank of Georgia., Savannah

Abram J. Serotta
Serotta, Maddocks & Devanny

Sherman Willis
Attorney-at-Law
Gardner, Willis, Sweat & Goldsmith

John Gilbert
Attorney-at-Law
Gilbert, Harrell, Skelton, Gilbert, Sumerford & Martin

James S. Moore
President
Westinghouse Savannah River Company

Bernie Silverstein
CEO/Owner
Silverstein's Cleaners

Charles R. Yates
Retired President
Robert W. Woodruff Center

Hugh M. Gillis
Georgia Senator
Soperton, Ga.

Whitney C. O'Keeffe
President
Trust Company Bank of Augusta

Sandy Teepen
Atlanta

Not Pictured: William A. Fickling Jr., *Chief Executive Officer*, Charter Medical Corporation; Charles D. Hudson, *Member, Board of Directors*, Callaway Foundation; A. William Jones Jr., *President and Chairman*, Sea Island Company; Fred W. Lyons Jr., *President*, Marion Merrell Dow Inc.; Jack B. McConnell, M.D., *Former Corporate Director, Advanced Technology*, Johnson & Johnson Corporation; Patrick J. Rice, *Attorney-at-Law*, Hull, Towill, Norman & Barrett; Carl Sanders, *Attorney-at-Law*, Troutman, Sanders, Lockerman & Ashmore; William W. Sprague Jr., *President*, Savannah Foods & Industries Inc.; Paul A. Volcker, James D. Wolfensohn Company Inc.

Medical College of Georgia Foundation, Inc.
Board of Directors

Officers

President
H. Gordon Davis, M.D.
Sylvester, Ga.

First Vice President
William C. Collins, M.D.
Atlanta, Ga.

Second Vice President
Virgle McEver Jr., M.D.
Warner Robins, Ga.

Secretary-Treasurer
Harold S. Engler, M.D.
Augusta, Ga.

Executive Director
James B. Osborne, Ed.D.
Augusta, Ga.

Assistant Secretary Treasurer
Larry Tyler
Augusta, Ga.

Elected Members

Russell A. Acree Sr., M.D.
Adel, Ga.
Term expires 1993

Walter E. Brown, M.D.
Spring Hill, Tenn.
Term expires 1992

William C. Collins, M.D.
Atlanta, Ga.
Term expires 1991

H. Gordon Davis, M.D.
Sylvester, Ga.
Term expires 1994

Harold S. Engler, M.D.
Augusta, Ga.
Term expires 1994

John C. Hagler III
Augusta, Ga.
Term expires 1993

James H. Hamilton, *Director*
Community Bank Marketing
and Product Development
The Citizens and Southern Corp.
LaGrange, Ga.
Term expires 1992

J. Daniel Hanks Jr., M.D.
Rome, Ga.
Term expires 1995

J. Harold Harrison, M.D.
Atlanta, Ga.
Term expires 1992

Milford B. Hatcher, M.D.
Macon, Ga.
Term expires 1991

Wyck Knox, M.D.
Martinez, Ga.
Term expires 1995

Robert A. Mathew, M.D.
Albany, Ga.
Term expires 1994

Virgle W. McEver Jr., M.D.
Warner Robins, Ga.
Term expires 1991

Lamar Scott McGinnis, M.D.
Atlanta, Ga.
Term expires 1993

William B. Mullins, M.D.
Augusta, Ga.
Term expires 1993

Whitney C. O'Keeffe
President
Trust Company Bank of
Augusta
Augusta, Ga.
Term expires 1994

Jerry G. Purvis, M.D.
Valdosta, Ga.
Term expires 1994

Asbury Clark Robinson, M.D.
Douglasville, Ga.
Term expires 1993

Ex Officio Members
(and their MCG titles)

Francis J. Tedesco, M.D.
President

Thomas J. Zwemer, D.D.S.
Vice President for Academic Affairs

H. Alan Campbell, B.S.
Vice President of Business and Finance

James B. Osborne, Ed.D.
Vice President for University Advancement

Biagio J. Vericella, Ed.D.
Dean, School of Allied Health Sciences

David R. Myers, D.D.S.
Dean, School of Dentistry

Lowell M. Greenbaum, Ph.D.
Dean, School of Graduate Studies and
Vice President for Research

Gregory L. Eastwood, M.D.
Dean, School of Medicine

Vickie A. Lambert, Ph.D.
Dean, School of Nursing

David Hamilton, O.T.
President, School of Allied Health Sciences Alumni Association

Joseph F. Griffin, D.M.D.
President, School of Dentistry Alumni Association

John B. Black Jr., Ph.D.
President, School of Graduate Studies Alumni Association

Ollie McGahee, M.D.
President, School of Medicine Alumni Association

Jeanette Brown
President, School of Nursing Alumni Association

R. Edward Howell, M.S.H.A.
Executive Director, MCG Hospital and Clinics

The Alumni Center's toll-free telephone number is 1-800-869-1113.

Medical College of Georgia
Division of Institutional Relations
Augusta, Georgia 30912

KLING J MALCOLM
DIRECTOR
CB 1-A61
RESEARCH SUPPORT SER

Second Class
Postage Paid at
Augusta, Georgia